

P.O. Box 1646  
Castle Rock, Colorado 80104  
720-733-0184  
Toll Free 1-877-745-3447  
info@donatedeggs.com

**Donor Number: 0297** (For Agency Use Only)

Today's Date: 4/2/2010  
Date of Birth: 3/26/1986

How did you hear of An Eggceptional Match? (If website, pls. specify): google search \_\_\_\_\_

Full Legal Name and any aliases: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Insurance Co: Aetna

Address: \_\_\_\_\_ City: Wellesley Hills State: MA Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a voicemail message at: (Pls. Circle): Home Work Cell

Are email communications permissible? If so, what is your E-mail Address

I check my email: all day once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? Yes No \_\_\_\_\_

Are you currently listed with any other clinics or agencies? yes If yes, whom? \_\_\_\_\_  
\_\_\_\_\_ Have you signed a contract with any other clinic or agency? No If so,  
please provide a complete copy to me.

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:

How soon are you able to begin your donation? As soon as possible

Who may we contact in case of an emergency? \_\_\_\_\_

Relationship \_\_\_\_\_ Ph: \_\_\_\_\_

Who may we contact in case your demographics change? \_\_\_\_\_ Ph: \_\_\_\_\_

Are you (Pls. Circle): Married Single with relationship Single without relationship

Are you a U.S. Citizen? Yes No

Do you have medical insurance? Yes No

If so, provide name of your health plan and identification number:\_\_\_\_

Are you willing to travel for an egg donation? Yes No Possibly if: it's not between Sept thru May

Do you have any lawsuits or other legal claims pending against you? Yes No

Have you ever filed bankruptcy? Yes No If so, when? \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, please provide details including date, name of criminal offense, date of conviction, location, etc.:  
\_\_\_\_\_

### PHYSICAL CHARACTERISTICS

Age: 25 Height: 5'3 Weight: 118 Measurements: Bust34 Hips 34 Waist 24

Race: Caucasian and African \_\_\_\_\_(Caucasian, African American, Asian, Hispanic, etc...)

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Cape Verdean /Portuguese

Mother's Side: Cape Verdean /Portuguese

Father's Side: Cape Verdean /Portuguese

Blood Type: B+ (+ or -) Place of Birth: Boston,USA

What celebrity do people most commonly say you look like? Angelina Jolie

**\*Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process**

**PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE**

Body Type/Bone Structure: small medium large

Hands: right-handed left-handed ambidextrous

Eyes: \*Color brown hazel green blue  
 \*Set narrow average wide  
 \*Size small average large  
 \*Shape round oval almond  
 \*Shade light medium dark

Hair: \*Natural Color blond brown black red other \_\_\_\_\_  
 \*Color as child blond brown black red  
 \*Shade light medium dark  
 \*Type straight wavy curly  
 \*Fullness thin medium thick  
 \*Texture fine medium course

Nose: \*Size small medium large  
 \*Width narrow average wide  
 \*length short average wide  
 \*Nostril Flare small average wide

Cheekbones: \*Set low average high  
 \*Prominence slight medium strong

Mouth: \*Size small average large  
 \*Lips thin average full

Chin: \*Shape square oval round  
 \*Prominence slight average strong  
 \*Cleft none slight medium

Skin: \*Tone light med-light medium med-dark dark olive  
 \*Tan Ability none slight medium easy  
 \*Condition normal dry oily medium  
 combination  
 \*Acne none slight medium severe at what age \_\_\_\_\_

**Other Facial**

Features: \*Moles none one several numerous  
 \*Freckles none several moderate numerous  
 \*Dimples none slight medium deep

Eyesight: \*Vision normal far-sighted near-sighted  
 \*Glasses none single bifocal  
 \*Astigmatism yes no age diagnosed \_\_\_\_\_

Dental: \*Device none braces retainer other \_\_\_\_\_  
 \*Reason cosmetic accident disease other \_\_\_\_\_  
 \*Age during use \_\_\_\_\_ to \_\_\_\_\_ years of age

## REPRODUCTIVE HISTORY

Age at first period? 13 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 29 days How long do they last? 4 days

Do you experience cramps? None Mild Average Severe

Method of birth control? nuvairing If none, in the past?

Have you ever been pregnant? no If yes, did you have trouble conceiving? no

Have you ever been treated for infertility? no

Did your mother take DES while she was pregnant with you? no

## LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.					
2.					
3.					
4.					
5.					
6.					

Any complications? \_\_\_\_\_

## DONATION HISTORY

Have you ever donated your eggs before? \_\_\_\_yes\_\_\_\_ If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
10/2008	21	?	yes	yes

Were their embryos left to cryopreserve (freeze)? \_\_?\_\_\_\_ If yes, approximately how many per cycle? \_\_\_\_\_

What is the compensation you are asking for your donation? \_\$9,000\_\_\_\_ (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \_\_\$8,000\_\_\_\_

Will you require missed wages from work? \_\_no\_\_\_\_

If yes, what is your hourly wage? \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_

Will you require childcare reimbursement? \_\_no\_\_\_\_ If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_ kids

## MEDICAL HISTORY

Have you ever had any surgeries? If so please list type and date: no

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you had a blood transfusion in the last 12 months? \_\_no\_\_\_\_

If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? \_\_no\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you been exposed to radiation or toxic chemicals in your work or personal life? \_\_no\_\_\_\_

Have you received a bite from an animal suspect for rabies within the last 6 months? \_\_no\_\_\_\_

Have you ever had a reaction to anesthesia? \_\_no\_\_\_\_ If yes, please explain reaction in detail: \_\_\_\_\_

\*Do you smoke cigarettes? no Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit \_\_\_\_\_

Do you now or have you ever taken recreational drugs? no If so, What? \_\_\_\_\_

Do you drink alcohol? no If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? no Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: none \_\_\_\_\_

Do you have any medical illnesses (diabetes, asthma, etc...)? no If yes, pls. explain: \_\_\_\_\_

Do you have frequent nose bleeds, bleeding gums while brushing your teeth and or clots with menstrual periods?

no

Have you been sexually active in the past 6 months? yes \_\_\_\_\_

Are you currently sexually active? yes If yes, is it a monogamous relationship? Yes No

If yes, for how long? 6 years \_\_\_\_\_

If no, will your partner consent to standard blood testing? \_\_\_\_\_

Have you or your partner ever had a sexually transmitted disease (trichomonias, chlamydia, syphilis, condyloma, gonorrhea, herpes)? Yes No

If yes, when and what was your treatment regimen?

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? Yes No If yes, please explain treatment \_\_\_\_\_

Please list all prescription or over the counter medications including dosage you are currently taking: Nuvaring -monthly

**\*To become an egg donor, you must be completely drug free. You must also be nicotine free for at least 6 mos. You may be tested for this substance at any time.**

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_

Jr. High School \_\_\_\_\_

Sr. High School (GPA: 3.0)

Currently in College pursuing a degree in: Nursing

Completed College with degree in: Arts

Currently pursuing advanced degree in: \_\_\_\_\_

Completed advance degree in: \_\_\_\_\_

Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: 1250

ACT's: \_\_\_\_\_

College GPA: 3.2

Please list names and year of all colleges attended:

College

Year

1. Dean College \_\_\_\_\_ 2004

2. Regis College \_\_\_\_\_ 2006

3. University of MA Boston \_\_\_\_\_ Present

What was your favorite subject in school? science You're least favorite? math

Dean's List or Honor Roll? both

As an adult I am most proud of: excelling in school

Currently I have a career in: modeling

I have been in this profession for 2 days/mos/years

\*I have flexibility in my current profession: Yes No

Languages: Speak: English and Portuguese

Read: English

Write: English

I consider myself: Athletic Active Average Inactive

Physical activities include: dance,running,tennis,and swimming

Have you excelled in any physical activities? dancing

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: very good

Other skills or talents? modeling/ dancing

Do you show artistic or musical ability? no If yes please explain: \_\_\_\_\_

### FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	brown	green	5'7- 130	fair	48		
Father	brown	brown	5'8 160	medium	59		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	brown	green	5'5	fair	26		
2.	brown	brown	5'5	olive	17		
3.							
4.							
Maternal Grandmother	brown	brown	5'7	medium	85		
Maternal Grandfather	brown	blue	5'9	fair		85	Age/Possible Alcohol
Paternal Grandmother	brown	brown	5'5	medium		86	
Paternal Grandfather	brown	blue	5'8	fair		85	
Children: (If Any) 1.							
2.							
3.							
4.							

Are you adopted? no If yes, do you have access to your biological health history? \_\_\_\_\_

Twins or multiple births in the family? no If yes, how many sets? \_\_\_\_\_



Are there any known genetic diseases that run in your family? no If yes, please identify all such diseases and explain in as much detail as possible:

---

Has anyone in your family been born with a birth defect? no If yes, please explain in detail:

---

Have you had a brother or sister die in infancy or early childhood? no If yes, please explain the cause of death:

---

Have you ever been tested for:

Cystic Fibrosis (Caucasian) yes           

Sickle Cell (African American) yes           

Thalassemia (Greek/Italian)           

Tay-Sach's (Jewish)           

If yes to any of the above, were you determined a carrier? no

How would you describe your personality and temperament? I'm very sweet and friendly I barely get upset, very cheery and fun to be with it

What is your philosophy of life? Live life to the fullest...always give an helping hand in someone in need

What qualities and characteristics would you hope the recipient parents possess? Good character, loving, caring, educated, and healthy

How does it make you feel at the possibility of their offspring knowing about the donation? I would feel fine

How would you describe your childhood? very good, loving parents great sisters

What is the earliest memory you hold as a child? having family cookouts every other weekend in the summertime

What was it like growing up in your family? very loving family, took many trip and had a great time

What religion did you belong to as a child? Catholic

**When I Was A Child:**

My favorite thing to do was: \_playing in my backyard, gardening

At home I was expected to: \_\_do chores ,finish schoolwork

My parents were strict about: \_\_excelling in school

My parents taught me to value: \_\_education

What I loved most about my father was: \_supportive, athletic and loving

What I loved most about my mother was: \_\_caring, outgoing, and kind

My favorite relatives were: \_my cousins

I loved to visit: \_\_\_my family friend

In comparison to others I was: \_outgoing

**Your Teenage Years:**

Describe yourself as a teenager: very outgoing ,active, sociable, and caring

Describe your achievements: \_Good Grades, in many clubs, and sports

Did you do poorly at anything? \_\_\_Some math course, but approved greatly

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? \_\_\_No problems

What do you hope to achieve by volunteering in an egg donor program? \_\_\_To see that I helped someone in need

What message would you like passed on to the recipient of your eggs/their offspring? \_\_\_Number one thing is health, I hope the offspring is healthy, I wish joy ,love and everlasting happiness

What helped you decide to become an egg donor? \_\_\_I love to help people, and this is a good way to help someone in need

Do you consider yourself a reliable person? \_\_\_very much

Do you consider yourself a punctual person? \_\_\_yes very, I'm always early

Would you describe yourself as a religious or spiritual person? \_\_\_I'm a spiritual person, I follow the words of the bible

Do you have any ethical, moral or religious reservations about being an egg donor? Not at this time

What are your personal goals? Have you achieved any of these goals? completing my degree is one of my goals, I achieve my goal in being in a fashion ad in modeling

What do you see yourself doing in the next 5-10 years? getting married, traveling, and being an accomplished model

What would you like your recipient couple to know about you that has not already been asked? \_\_\_\_\_

What is your favorite color? Pink

Favorite type of food? Italian

Favorite movie? Breakfast at Tiffany's

Favorite type of music? Soft Rock

Favorite Book? gone with the wind

Would you be willing to donate to gay or single prospective parents? \_\_\_\_\_ Please specify: Single I would, but I would prefer a couple, Gay maybe.

Would you be willing to meet a child conceived as the result of your donation? \_\_\_\_\_ Please elaborate: If the child would like to meet in the future I would be ok with it.

Would you be interested in possibly meeting the prospective parents? I would like to be anonymous

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?

I would do what is the best interest

How do you feel about the possibility of any remaining embryos being donated to another infertile couple that cannot afford the cost of infertility treatment? Will you sign a consent permitting such donation?

Not sure

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research or destruction of such remaining embryos?

I'm fine with it, I would sign the consent

Some clinics have their Prospective Parents sign away rights to any left over embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?

I'm fine with the decision

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor?

I support all the couple decisions

Is there a message you would like to leave for your prospective parents? I wish them happiness and good health. I hope their wishes come true of starting a family!

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the only information that your intended parents have to make a healthy and intuitive choice for their offspring.

<b>HEART</b>	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
<b>GASTRO-INTESTINAL</b>							
A. ulcer of stomach or duodenum							
B. gall stones							
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer							
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
<b>METABOLIC/ENDOCRINE</b>							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
<b>URINARY</b>							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
<b>GENITAL/REPRODUCTIVE</b>							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
<b>NEUROLOGICAL</b>							
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis							
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease							
N. other diseases of the nervous system							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
<b>SIGHT/SOUND/SMELL</b>							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
<b>SKIN</b>							
A. acne						√	Aunt/cousin-mild
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
A. alcoholism					√		MGF-Suspected
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

RISK FACTORS	Yes	No	Comment
Have you ever been sexually active weith a male who was gay or bisexual?	Yes	<u>No</u>	
Have you ever injected drugs or had a sexual partner who did so?	Yes	<u>No</u>	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	Yes	<u>No</u>	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	Yes	<u>No</u>	
Have you ever had sex in exchange for money or drugs?	Yes	<u>No</u>	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	Yes	<u>No</u>	
Have you ever been sexually active with a person Who was known or suspected to have HIV, hepatitis B or hepatitis C?	Yes	<u>No</u>	
Have you been exposed to body fluids, open wounds, Non-intact skin or mucus membranes of any personKnown or suspected to have HIV, hepatitis B and/or C?	Yes	<u>No</u>	
Have you had an accidental needle stick within the Past 12 months?	Yes	<u>No</u>	
Have you ever been or have you had a sexual partner who was incarcerated for 72 concecutive hours or longer?	Yes	<u>No</u>	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	Yes	<u>No</u>	

**(Cont'd)**

Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months?      **Yes**      **No**

---

Have you ever been diagnosed with hepatitis?      **Yes**      **No**

---

Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?      **Yes**      **No**

---

Have you ever been diagnosed with or suspected to have West Nile Virus?      **Yes**      **No**      **if so, when?**

---

Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis?      **Yes**      **No**      **if so, when?**

---

Have you or any of your blood relatives been diagnosed and/or have a history of transmissible spongiform encephalopathy such as Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease?      **Yes**      **No**      **if so, who?**

---

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?      **Yes**      **No**

---

Do you have a history of changes in cognition, speech or gait?      **Yes**      **No**

---

Have you ever received a blood transfusion?      **Yes**      **No**      **if so, where?**

---

Have you visited or lived in the United Kingdom for Three months or more between 1980-1996 Including England, Scotland, Wales, Ireland, Isle of Man, Channel Islands, Gibraltar or Falkland Islands?      **Yes**      **No**

---



(Cont'd)

Were you a member of the US military, civilian military, Employee or a dependent of a member of the military Stationed in Belgium, the Netherlands, Germany, Spain, Portugal, Turkey, Italy or Greece between 1980-1996?	Yes	<u>No</u>	
From 1980 to present, have you spent time that adds up To 5 years or more in Europe?	Yes	<u>No</u>	if so, where?
Were you born in or have you lived in any of the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?	Yes	<u>No</u>	If so, when?
If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?	Yes	<u>No</u>	
Have you ever had sexual contact with anyone who was born Or lived in any Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?	Yes	<u>No</u>	
Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	Yes	<u>No</u>	if so, when?
Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involves Being exposed to live cells, tissues or organs from an animal?	Yes	<u>No</u>	if so, who?
Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	<u>No</u>	
Have you ever received a human organ, tissue transplant or human extract?	Yes	<u>No</u>	

**(Cont'd)**

---

Have you ever been excluded as a blood donor?	<b>Yes</b>	<b><u>No</u></b> if so, why?
---	------------	------------------------------

---

Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b><u>No</u></b>
---	------------	------------------

---

Have you been exposed to significant levels of radiation, toxic chemicals, or heavy metals (such as lead, mercury or gold) in your home or work environment?	<b>Yes</b>	<b><u>No</u></b>
--	------------	------------------

---

Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b><u>No</u></b>
--	------------	------------------

---

## CONSENT FORM

Under the penalty of perjury, I attest that all of the information I have provided in my donor application is true and complete to the best of my knowledge. I also have a good understanding of the commitment involved in the egg donation process.

Donor's Printed Name: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

Date: 4/2/10\_\_\_\_\_

I \_\_\_\_\_ give An Eggceptional Match, LLC full authority to include my photographs on its web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors and assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: \_\_\_\_\_

Date: 4/2/10\_\_\_\_\_

Witness to Signatures above: \_\_\_\_\_

Date: \_\_\_\_\_