

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

Donor Number: 0319 (For Agency Use Only)

Today's Date: 10/27/2010

Date of Birth: 09/03/1988

How did you hear of An Eggceptional Match? (If website, pls. specify): _____

I am interested in an () Open () Anonymous () Semi-Open-Donation () No Preference

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____

Address: _____ City: Pana State: IL 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? No 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? Now

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: _____

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: 24 Height: 5'7" Weight: 115 lbs Measurements: Bust 35 Hips 26 Waist 35

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) _____

Mother's Side: Irish, Indian, Italian

Father's Side: German, English

Blood Type: A (☒ or -) Place of Birth: Hillsboro, IL

What celebrity do people most commonly say you look like? Mix between Denise Richards and Rachel McAdams

***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	<u>15</u> to <u>16</u> years of age			

REPRODUCTIVE HISTORY

Age at first period? 12 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 31-34 How long do they last? 5 days

Do you experience cramps? None Mild **Average** Severe

Method of birth control? Husband-Vasectomy If none, in the past? _____

Have you ever been pregnant? Yes 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. 2008	Boy/C-sec				
2. 2009	Girl/C-sec				
3.					
4.					
5.					
6.					

Any complications? None

DONATION HISTORY

Have you ever donated your eggs before? No If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
2/2012	22	14	Yes	Yes-Female
12/2012	34	29 Mature	Pending-Freezing all eggs	Pending

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

What is the compensation you are asking for your donation? \$9000.00 (1st time donors \$5,000)

What is the least amount you would consider? ?

Will you require missed wages from work? Yes

If yes, what is your hourly wage? \$10

How many hours per week do you work? 32

Will you require childcare reimbursement? No

If yes, what is the hourly rate? _____ X _____ kids

During travel assignments, will you: ☒ Drive yourself to the airport and require parking reimbursement
() Take a taxi or shuttle and require reimbursement
() Have someone drop you off and require NO reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? XYes ____No

MEDICAL HISTORY

Have you ever had any surgeries? If so please list type and date:

1. C-Sections in 2008 and 2009

Have you had a blood transfusion in the last 12 months? No

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? Yes If yes, please explain: Cellulitis at 16 yrs old

Have you been exposed to radiation or toxic chemicals in your work or personal life? No

Have you ever had a reaction to anesthesia? No If yes, please explain reaction in detail: _____

*Do you smoke cigarettes? No, Never 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? Yes Pls. explain: Seasonal

Describe any childhood allergies that you have outgrown: None

Do you have any medical illnesses (diabetes, asthma, etc...)? Asthma If yes, pls. explain: Mild-controlled. Allergy induced.

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 If yes, for how long? 4 yrs

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: Zyrtec-10 mg as needed.

***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: _____)
Currently in College pursuing a degree in: Nursing
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: Not Taken **ACT's: 23** **College GPA: 3.6**

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Kaskaskia College</u>	<u>2007-Present</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? Science & English You're least favorite? Math

Dean's List or Honor Roll? Honor roll throughout elementary, jr. high and high school. Dean's list in college.

As an adult I am most proud of: My kids and the fact that I'm reaching my dreams of becoming a nurse anesthetist.

Currently I have a career in: Medical Assisting

I have been in this profession for 8 days/**mos**/years

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

Languages: Speak: English

Read: English

Write: English

I consider myself: Athletic **Active** Average Inactive

Physical activities include: Working out, yoga, dancing

Have you excelled in any physical activities? dancing-ballet, jazz and pointe

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: A mixture of everything

Other skills or talents? Singing, went to modeling school, played trumpet and piano

Do you show artistic or musical ability? Yes If yes please explain: See above

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Dk. Brown	Dk. Brown	5'6" 150	Med	42		
Father	Brown	Hazel	5'11" 180	Fair	44		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Brown	Brown	5'3"	Fair	18		
2.	Dk. Blonde	Brown	5'4"	Med-Dk	12		
3.							
4.							
Maternal Grandmother	Brown	Hazel	5'6" 180	Med	62		
Maternal Grandfather	Black	Brown	5'10" 230	Med-Dk	66		
Paternal Grandmother	Brown	Brown	5'8" 140	Fair	63		
Paternal Grandfather	Brown	Brown	5'11"	Med	65		
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? Yes If yes, how many sets? 2

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) X
Sickle Cell (African American) _____
Thalassemia (Greek/Italian) _____
Tay-Sach's (Jewish) _____
Fragile X _____
Spinal Muscular Atrophy _____

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

How would you describe your personality and temperament? Caring, outgoing, positive, like to make others laugh, loves life, sensitive, trusting and emotional.

What is your philosophy of life? I believe everything has a purpose and that we were put here for a reason. God will take us when it's our time to go.

What qualities and characteristics would you hope the recipient parents possess? Loving, caring, nurturing, supportive.

How does it make you feel at the possibility of their offspring knowing about the donation? It's perfectly fine by me!

How would you describe your childhood? I had a good childhood with great parents.

What is the earliest memory you hold as a child? my 3rd birthday

What was it like growing up in your family? I have two younger sisters so I always had someone to play with. My parents loved us and were strict and pushed us to succeed. I am very thankful for that guidance.

What religion did you belong to as a child? Christianity-Baptist

When I Was A Child:

My favorite thing to do was: Play with my sisters

At home I was expected to: Help mom with dishes, keep an eye on my sisters

My parents were strict about: Homework, curfews and morals

My parents taught me to value: Family

What I loved most about my father was: He always told me he was proud of me

What I loved most about my mother was: How loving and caring she is

My favorite relatives were: My Granny

I loved to visit: My Granny and Grandpa's house

In comparison to others I was: Smart and very obedient

Your Teenage Years:

Describe yourself as a teenager: A social butterfly. Dancer, cheerleader and loved to hang out with my close friends.

Describe your achievements: First place in an essay contest, first place in a dance competition and my graduation.

Did you do poorly at anything? Math ☹

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No, nothing aside from the usual teenage girl drama!

What do you hope to achieve by volunteering in an egg donor program? I hope to help a family achieve their dreams! I want to give someone else the chance to have what I have-a beautiful, wonderful family.

What message would you like passed on to the recipient of your eggs/their offspring? I hope I helped to make your dreams come true!

What helped you decide to become an egg donor? Watching other people struggle to become parents.

Do you consider yourself a reliable person? Very reliable

Do you consider yourself a punctual person? Always

Would you describe yourself as a religious or spiritual person? I believe in God. My family would love to go to church but our work schedule does not permit it.

Do you have any ethical, moral or religious reservations about being an egg donor? No. Everyone deserves to be happy and have a family of their own.

What are your personal goals? Have you achieved any of these goals? My biggest goal was to have a family. I have achieved this. My other goal is to become a certified registered nurse anesthetist.

What do you see yourself doing in the next 5-10 years? Working as a registered NA.

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

What is your favorite color? Purple and Pink

Favorite type of food? Mexican and Greek

Favorite movie? The Notebook, When in Rome

Favorite type of music? 80's, Country, Modern Rock, Hip/Hop

Favorite Book? The Dr.'s Wife

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Either

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I would love to.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name?

Yes! Very interested in meeting them. I'm fine with them knowing my name.

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

I personally would not but I wouldn't hold it against anyone that did.

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?

That would be great! Yes, I would sign a consent.

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?

That would be fine. Yes, I would sign.

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

That would be OK but I'd like to know the outcome

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

If that's what they need to achieve their dreams, go for it!

Is there a message you would like to leave for your prospective parents? Good Luck!

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.

HEART	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							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma	X						Very mild-Controlled
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
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.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus					X		Mild-Type 2
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
GENITAL/REPRODUCTIVE							
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
NEUROLOGICAL							
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							
MENTAL HEALTH							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
MUSCLE/BONE/JOINTS							
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					X		MGM
I. gout							
SIGHT/SOUND/SMELL							
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							
SKIN							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
OTHER							
A. alcoholism							
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 with a male who was gay or bisexual?	Yes	No	
Have you ever injected drugs or had a sexual partner who did so?	Yes	No	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	Yes	No	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	Yes	No	
Have you ever had sex in exchange for money or drugs?	Yes	No	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	Yes	No	
Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?	Yes	No	
Have you been exposed to body fluids, open wounds, non-intact skin or mucus membranes of any person known or suspected to have HIV, hepatitis B and/or C?	Yes	No	
Have you had an accidental needle stick within the past 12 months?	Yes	No	
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?	Yes	No	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	Yes	No	

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	No
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Have you ever been diagnosed with hepatitis?	Yes	No
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Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	Yes	No
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Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
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Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis?	Yes	No	if so, when?
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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?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No
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Do you have a history of changes in cognition, speech or gait?	Yes	No
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Have you ever received a blood transfusion?	Yes	No	if so, where?
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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
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(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 No

From 1980 to present, have you spent time that adds up to 5 years or more in Europe?

Yes No 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 No 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 No

Have you ever had sexual contact with anyone who was born or lived in Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?

Yes No

Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?

Yes No 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 No if so, who?

Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?

Yes No

Have you ever received a human organ, tissue transplant or human extract?

Yes No

(Cont'd)

Have you ever been excluded as a blood donor?	Yes	No	if so, why? In high school, didn't weigh enough
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	No
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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?	Yes	No
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Have you received a bite from an animal suspected for rabies within the last six months?	Yes	No
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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: _____

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: _____

Witness to Signatures above: _____

Date: _____