

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

**Donor Number: 0315 (For Agency Use Only)**

Today's Date: August 30, 2010

Date of Birth: May 2, 1986

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

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

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

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

Address: \_\_\_\_\_ City: Colorado Springs State: CO 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? \_\_\_\_\_ 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? ASAP

Who may we contact in case of an emergency? Husband

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: TriCare

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.:

9/25/08. DUI ☹

### PHYSICAL CHARACTERISTICS

Age: 25      Height: 5'6"      Weight: 112 lbs      **Measurements:** Bust 34      Hips 36      Waist 27

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

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

Mother's Side: Irish, German

Father's Side: Norwegian, Swedish (Northern European), Scandinavian

Blood Type: B (**+** or -)      Place of Birth: Torrance, CA

What celebrity do people most commonly say you look like? Jennifer Anniston (Back in High School)

**\*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(primarily)** 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-Tzone** 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? 14      Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28      How long do they last? 6-8 days

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

Method of birth control? Mirena IUD      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. 2004	Vag				
2. 2009	Vag				
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?

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

What is the compensation you are asking for your donation? \$5000 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \$4500

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

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? ☒ Yes \_\_\_\_\_ No

## MEDICAL HISTORY

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

1. None

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 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 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: My abnormal pap was found May 30, 2010 and I had a LEEP procedure done on July 9, 2010. My follow up appt. is due in October so I haven't been cleared yet but will send results upon clearance.

Please list all prescription or over the counter medications including dosage you are currently taking: Tramadol 50 mg, Flexeril 10 mg. I am taking Tramadol and Flexeril due to muscle pain between my shoulder blade and spine. That's ok that I am not be able to take my meds during the donation.

**\*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: 2.8) \_\_\_\_\_  
**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: N/A      ACT's: N/A      College GPA: **3.8**

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Remington</u>	<u>2004</u>
2. <u>Pikes Peak Community College</u>	<u>2006-Present</u>
3. _____	_____

What was your favorite subject in school? Civics/P.E. You're least favorite? History

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: The life I have created for myself and family

Currently I have a career in: Student

I have been in this profession for 4 days/mos/**years**

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

Languages: Speak: English, Some German

Read: English

Write: English

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

Physical activities include: Walks, Gym 1-2 days/week, kids!

Have you excelled in any physical activities? Running

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: I eat what I want ☺

Other skills or talents? Sing, used to dance

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

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Blue	5'7" 130	Fair	44		
Father	Brown	Blue	5'7" 150	Fair- Med	48		
Brother: 1. (Half Brother)	Brown	Brown	75 lbs	Fair- Med	10		
2.							
Sister: 1. (Half Sister)	Brown	Brown	5'7" 120	Fair- Med	18		
2.							
Maternal Grandmother	Blonde	Blue	5'2"	Fair- Med	68		
Maternal Grandfather							
Paternal Grandmother	Brown	Blue	5'7"	Fair	67		
Paternal Grandfather							
Children: (If Any) 1.	Brown	Brown	4'5"	Med	5		
2.	Brown	Hazel		Fair	12 mos		
3.							
4.							

MGF and I haven't talked in 20 years. My Grandmother and him got divorced a long time ago so I don't have any info on him or even where he's at. Also the same on my dad's side, My Grandmother divorced 15 years ago and doesn't have any info on him.

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? 1



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:

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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) \_\_\_\_\_  
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? N/A

How would you describe your personality and temperament? Fun & bubbly, easy to get along with, make people laugh ☺

What is your philosophy of life? We are all put here for some reason, I'm her to raise a family.

What qualities and characteristics would you hope the recipient parents possess? Personality, stability, love.

How does it make you feel at the possibility of their offspring knowing about the donation? It's the IP's choice.

How would you describe your childhood? Grew up in a good environment. "Army brat" moved a lot, but I loved traveling.

What is the earliest memory you hold as a child? 3-4 yrs old. I got up in the middle of the night on Christmas Eve and opened all my presents!

What was it like growing up in your family? My step-father was gone most of the time for work and my mom was always there for me no matter what. I grew up in a large family.

What religion did you belong to as a child? Catholic

### **When I Was A Child:**

My favorite thing to do was: Ride my bike, always was at my best friend's house

At home I was expected to: do my chores but also set a good example for my sister

My parents were strict about: School

My parents taught me to value: Life, friendships, family

What I loved most about my father was: the time I did get to spend with him

What I loved most about my mother was: Always there for me; my best friend.

My favorite relatives were: My grandpa and great-great grandma

I loved to visit: My grandpa and great-great grandma

In comparison to others I was: Versatile

### **Your Teenage Years:**

Describe yourself as a teenager: Worked hard in high school, my teen years were spent living in Germany. It was a different lifestyle but I managed ☺

Describe your achievements: Brought up a 5 yr old and a 1 yr old. Love my family to death. Was on National Honors in high school, went to a medical school to learn med assisting and in college now.

Did you do poorly at anything? Freshmen year. I hung out with the wrong crowd and almost dropped out! I got it together and graduated!

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Some acne, not too much-normal., Freshmen year, health was good, lots of friends.

What do you hope to achieve by volunteering in an egg donor program? I want to be able to give the gift of life for someone who is unable.

What message would you like passed on to the recipient of your eggs/their offspring? I hope they enjoy everything about the little one! They are very lucky to be raising someone like me ;) I wish them nothing but the best!

What helped you decide to become an egg donor? One of my friends isn't able to conceive and I feel for her. Why not share the miracle/gift of children if I'm able to. I'd like to help in any way I can.

Do you consider yourself a reliable person? Yes, of course.

Do you consider yourself a punctual person? Yes, always on time if not early.

Would you describe yourself as a religious or spiritual person? Somewhat religious. I attend church every Sunday, also spiritual.

Do you have any ethical, moral or religious reservations about being an egg donor? No

What are your personal goals? Have you achieved any of these goals? Finish getting my BSN. Almost done with my RN.

What do you see yourself doing in the next 5-10 years? Finished with school, working my dream job ☺

What would you like your recipient couple to know about you that has not already been asked? I used to model (back in the day ;)

What is your favorite color? Neon Colors

Favorite type of food? Italian

Favorite movie? Twilight

Favorite type of music? Everything, especially dance/electro

Favorite Book? All but my life

Would you be willing to donate to gay or single prospective parents? Both Please specify: I love everyone.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I would be willing to meet the child if deemed necessary by all.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? Yes, if they wanted to meet me.

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

I'm personally against abortion.

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?

Yes

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?

Yes

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?

Once they have the eggs/embryos, they may do whatever they feel.

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

Not too sure?

Is there a message you would like to leave for your prospective parents? To the parents: I hope you enjoy this beautiful creation , take care of each other and love him/her with all your hearts! I hope the best for you in your search!

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			X				Used to take meds to control
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							
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							
B. hypoglycemia		X					No official diagnosis. Cranky and shaky if wait too long to eat.
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		X					Cervical-She was diagnosed with cervical cancer at age 24. She said she went in for abnormal vaginal bleeding and cramping (probably for not doing routine checkups and went too long). They did a pap got tests back of abnormal cells then had her come in for a biopsy. She then was diagnosed with stage 1 type1B cervical cancer. Then had a RTV done. She did her follow-ups and was cleared soon after. I asked her if she knew the exact date she was cleared and she said she didn't remember but it was around her 3rd follow-up her doctor told her she was good to go. Age 26-27. She since then has had 2 living children and gets her annual pap every year.
<b>NEUROLOGICAL</b>	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
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					X		GMA/GPA-Hands/Feet-Age
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							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
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							

12/2007

## RISK FACTORS

Yes No

Comment

NO TO ALL

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,

Yes No

hepatitis B and/or C?

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Have you had an accidental needle stick within the past 12 months?	<b>Yes</b>	<b>No</b>
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Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?	<b>Yes</b>	<b>No</b>
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In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	<b>Yes</b>	<b>No</b>
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**(Cont’d)**

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

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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?	<b>Yes</b>	<b>No</b>
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From 1980 to present, have you spent time that adds up to 5 years or more in Europe?	<b>Yes</b>	<b>No</b>	<b>if so, where?</b>
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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?	<b>Yes</b>	<b>No</b>	<b>If so, when?</b>
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If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there?	<b>Yes</b>	<b>No</b>
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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?	<b>Yes</b>	<b>No</b>
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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b>
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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?	<b>Yes</b>	<b>No</b>	<b>if so, who?</b>
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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	<b>Yes</b>	<b>No</b>
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Have you ever received a human organ, tissue transplant or human extract?	<b>Yes</b>	<b>No</b>
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**(Cont'd)**

Have you ever been excluded as a blood donor?	<b>Yes</b>	<b>No</b>	<b>if so, why?</b>
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Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b>No</b>
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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?	<b>Yes</b>	<b>No</b>
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Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b>No</b>
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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: \_\_\_\_\_