

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

**Donor Number: 0156** (For Agency Use Only)

Today's Date: \_\_\_\_\_

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

Name: Megan

Date of Birth: 12/07/87

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

Address: \_\_\_\_\_ City: Las Vegas State: NV Zip: \_\_\_\_\_

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

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

E-mail Address:

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

Are you currently listed with any other clinics or agencies? Yes If yes, whom?

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? June 12

Who may we contact in case of an emergency?

Who may we contact in case your demographics change? Same as above

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 Are you willing to travel for an egg donation? Yes

Do you have any legal cases pending against you? No Have you ever filed bankruptcy? No

Have you ever been convicted of a crime? No If yes, please elaborate: \_\_\_\_\_

## PHYSICAL CHARACTERISTICS

Age : 23      Height: 5 foot 3 inches      Weight: 112      Measurements: Bust\_\_\_\_\_ Hips \_\_\_\_\_ Waist 26

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

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

Mother's Side: \_\_\_\_\_ Swedish

Father's Side: \_\_\_\_\_ Spanish

Blood Type: \_\_\_\_\_ (+ or -)      Place of Birth: Riverside, California

What celebrity do people most commonly say you look like? Lindsay Lohan, Julia Roberts (basically anyone with red hair)

### Please circle appropriate response:

Body Type/Bone Structure:    **small**                      medium                      large

Hands:            **right-handed**                      left-handed                      ambidextrous

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

Hair:	*Natural Color	blond	brown	black	<b>red</b>	<b>Auburn</b>
	*Color as child	blond	brown	black	<b>red</b>	<b>Auburn</b>
	*Shade	light	<b>medium</b>	dark		
	*Type	straight	<b>wavy</b>	curly		
	*Fullness	thin	medium	<b>thick</b>		
	*Texture	fine	<b>medium</b>	course		

Nose:	*Size	<b>small</b>	medium	large
	*Width	narrow	<b>average</b>	wide
	*length	short	<b>average</b>	wide
	*Nostril Flare	small	<b>average</b>	wide

Cheekbones:	*Set	low	<b>average</b>	high
	*Prominence	slight	<b>medium</b>	strong

Mouth:	*Size	small	<b>average</b>	large
	*Lips	thin	<b>average</b>	full

Chin:	*Shape	square	oval	<b>round</b>
	*Prominence	slight	<b>average</b>	strong
	*Cleft	none	<b>slight</b>	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  
 had braces for two years. Now currently wearing retainer at night for one year

Other: \*List \_\_\_\_\_  
 \*Reason/Cause \_\_\_\_\_

### 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 day cycles How long do they last? 5 days

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

Method of birth control? Oral-Aviane If none, in the past? \_\_\_\_\_

Have you ever been pregnant? No\_\_\_\_\_ If yes, did you have trouble conceiving? \_\_\_\_\_

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 below:

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

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

## 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: \_\_\_\_\_

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

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

None besides birth control

**\*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.**

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 \$5000)

What is the least amount you would consider? \_\_\_\_\_

Will you require missed wages from work? yes

If yes, what is your hourly wage? \$10.50      How many hours per week do you work? 35

Will you require childcare reimbursement? no      If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

Have you been sexually active in the past 6 months? no

Are you currently sexually active? No :Boyfriend is in the coast guard stationed in Alaska

If yes, is it a monogamous relationship and for how long? \_\_\_\_\_

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

Have you or your partner ever had a sexually transmitted disease? 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? No    If yes, please explain treatment \_\_\_\_\_

**Please mark any that apply to you within the last 12 months:**

- ☐ Exposure to HIV
- ☐ Exposure to Hepatitis B or C
- ☐ Had sex in exchange for money or drugs
- ☐ Intravenous drug use
- ☐ Piercing or tattoos
- ☐ None of the Above

## 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: \_\_\_\_\_ ACT's: \_\_\_\_\_ College GPA: 3.75

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. University of Nevada LV	06-07 _____
2. College of southern NV	07-present _____
3. _____	_____

What was your favorite subject in school? Psychology \_\_\_\_\_ Your least favorite? Math

Dean's List or Honor Roll? \_\_\_\_\_

As an adult I am most proud of: My grades in college

Currently I have a career in: Luxury retail : COACH and college student

I have been in this profession for 2 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: running and pilates

Have you excelled in any physical activities? Yes-Cheerleading for 6 years

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Healthy \_\_\_\_\_

Other skills or talents? \_\_\_\_\_

Do you show artistic or musical ability? Yes \_\_\_\_\_ If yes please explain: Played Clarinet for two years—first chair

**\*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.**

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	brown	green	5'3" 170	fair	57		
Father	brown	brown	5'4" 170	Med	58		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Red	green	5'1" 130	fair	28		
2.	Brown	Brown	5'4" 135	fair	24		
3.							
4.							
Maternal Grandmother	Dark brown	Brown	5'5" 170	Fair	80		
Maternal Grandfather	Light brown	brown	5'4" 175	fair	81		
Paternal Grandmother	Black	Brown	5 ft 160	fair	80		
Paternal Grandfather	Brown	Brown	5'6" 153	fair	82		
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? twins If yes, how many sets? one

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: None

Cystic Fibrosis (Caucasian) \_\_\_\_\_

Sickle Cell (African American) \_\_\_\_\_

Thalassemia (Greek/Italian) \_\_\_\_\_

Tay-Sach's (Jewish) \_\_\_\_\_

If yes to any of the above, were you determined a carrier? \_\_\_\_\_

How would you describe your personality and temperament? "Happy go lucky", average temperament

What is your philosophy of life? If you don't stand for something, you'll fall for anything

What qualities and characteristics would you hope the recipient parents possess? Caring, Loving

How does it make you feel at the possibility of their offspring knowing about the donation? It doesn't bother me

How would you describe your childhood? Secure attachment to parents, full of energy, very happy childhood

What is the earliest memory you hold as a child? Picking out my first puppy, Pepper.

What was it like growing up in your family? It was very fun, I had a secure attachment to my parents and I loved my sisters. We would fight sometimes growing up, but what siblings don't?

What religion did you belong to as a child? Catholic



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

My favorite thing to do was: Play with my dogs

At home I was expected to: Make my bed, help clean up, etc.

My parents were strict about: keeping my room clean and finishing my dinner

My parents taught me to value: family and friendships

What I loved most about my father was: He would let me follow him around the back yard with my child size wheel barrel and let me help.

What I loved most about my mother was: She would stick up for me when my sisters were picking on me.

My favorite relatives were: My grandparents-both sides

I loved to visit: My grandparents

In comparison to others I was: Energetic, happy

### **Your Teenage Years:**

Describe yourself as a teenager: I was very social, and participated in many school activities. I was still very full of energy and very responsible for my age.

Describe your achievements: I was the senior class secretary in student council and got to speak at graduation. I graduated with high honors and a 3.9 GPA. I was a cheerleader for 6 years and the Homecoming queen in 2005.

Did you do poorly at anything? No

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I am volunteering to not only become more financially stable, but also to help a less fortunate couple build a loving family. Being able to have children is something very special and I would love to be able to give that to someone.

What message would you like passed on to the recipient of your eggs/their offspring? I would just want them to know that my heart goes out to them because I have friends that have family members who have been affected by this and weren't able to conceive and they turned out to be the most amazing parents. Give your child all of your love and attention.

What helped you decide to become an egg donor? It was on the news, and then my family/friends helped me make the decision

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? Somewhat

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? Upon graduation I hope to be working as a pediatric nurse in a hospital. I also hope to have a happy family and eventually go back to school to become either a nurse practitioner or a nurse anesthetist.

What do you see yourself doing in the next 5-10 years? Working as a pediatric nurse, going back to school and I will be happily married with children.

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

\_\_\_\_\_

What is your favorite color? green

Favorite type of food? Mexican

Favorite movie? Enchanted

Favorite type of music? Country

Favorite Book? Harry Potter

Would you be willing to donate to gay or single prospective parents? YES Please specify: I would be willing to donate to both.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If the parents wanted me to.

Would you be interested in possibly meeting the prospective parents? Yes

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?  
No opinion.

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?  
Maybe.

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 would want more information on the process.

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

I don't mind.

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

### 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: 5/27/08

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: (electronic)

Date: 5/27/08

Witness to Signatures above:

Date: 5/27/08

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	x				
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					x		
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							
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
<b>NEUROLOGICAL</b>							
A. migraines	x						I used to have head aches from time to time from being active in cheerleading-I see a chiropractor every other week. (isn't something that can be passed down to offspring)
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	x						Usually around menstruation
B. eczema							
C. skin cancer					x		Grandfather-skin cancer on head from growing up on the farm.
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							

