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Toll Free 1-877-745-3447
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Donor Number: 0252 (For Agency Use Only)

Today's Date: 12/16/2010

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

Name: _____ Date of Birth: 04/16/1985

Social Security #: _____ Insurance Co: Aetna

Address: _____ City: Aurora State: CO 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? No 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? When needed

Who may we contact in case of an emergency? _____

Who may we contact in case your demographics change? same 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 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: 26 Height: 5'9" Weight: 147 lbs **Measurements:** Bust 36C Hips _____ Waist _____

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

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

Mother's Side: Greek

Father's Side: German

Blood Type: A (+ or -)

Place of Birth: Daytona Beach, FL

What celebrity do people most commonly say you look like? _____

Please circle 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>14</u> to <u>16</u> years of age					

Other:	*List	_____				
	*Reason/Cause	_____				

REPRODUCTIVE HISTORY

Age at first period? 16 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 29-30 How long do they last? 3-5 days

Do you experience cramps? None Mild Average Severe

Method of birth control? Pill 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 below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1. 2012	Boy				
2.					
3.					
4.					

Any complications? N/A

MEDICAL HISTORY

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

1. Knee Arthroscopic-1999

2. Wisdom Teeth-2002

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: _____

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

***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? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
6/9/2009	21	12 mature 8 fertilized	1 (6) cell & 1 (7) cell transferred Pending-No	No

Were their embryos left to cryopreserve (freeze)? No If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? 7000.00 (1st time donors \$5,000)

What is the least amount you would consider? 5000

Will you require missed wages from work? Yes

If yes, what is your hourly wage? 14.30

How many hours per week do you work? 40

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

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

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: 3.0)
Currently in College pursuing a degree in: _____
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: _____

***Didn't take SAT's, as soon as I graduated, I left for the military. Took GRR and scored a 1250 (same 1600 scale as SAT's)**

Please list names and year of all colleges attended: College Year

1. _____
2. _____

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

Dean's List or Honor Roll? _____

As an adult I am most proud of: My military career, being a veteran.

Currently I have a career in: Pre-school Teacher

I have been in this profession for 2 1/2 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 3-4 times a week, on the base, basketball team

Have you excelled in any physical activities? V. Basketball, V. Cross Country, V. Softball

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Normal, healthy

Other skills or talents? Shooting, building and flying model airplanes

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

***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	Brown	5'5" 135	Fair	44		
Father	Brown	Brown	6'2" 210	Med	52		
Brother: 1.	Brown	Brown	5'10" 150	Med	18		
2.							
3.							
4.							
Sister: 1.	Brown	Brown	5'8" 135	Med	22		
2.	Blonde	Brown	5'6" 180	Fair	19		
3.							
4.							
Maternal Grandmother	Brown	Brown	5'2" 115	Fair	68		
Maternal Grandfather	Brown	Blue	5'4" 140	Fair	72		
Paternal Grandmother	Brown	Brown	5'11" 160	Med	74		
Paternal Grandfather	Brown	Brown	6'0" 170	Med	76		
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) X
Sickle Cell (African American) _____
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 extremely laid back and easy going.

What is your philosophy of life? To pursue happiness and fulfill one's hopes and dreams

What qualities and characteristics would you hope the recipient parents possess? All I want is a family that is ready and willing to provide the child the best upbringing possible.

How does it make you feel at the possibility of their offspring knowing about the donation? It's completely up to their family.

How would you describe your childhood? I had a very loving and wonderful childhood!

What is the earliest memory you hold as a child? At age 5 when my brother was born, holding him for the first time with my mother.

What was it like growing up in your family? My sisters and I were extremely close, still are. My brother was my best friend. I had extremely loving and caring parents.

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

When I Was A Child:

My favorite thing to do was: Play Barbie's with my sisters

At home I was expected to: Do my chores, study hard and try my best at everything I did

My parents were strict about: Being myself and fulfilling my dreams

My parents taught me to value: Family and loved ones

What I loved most about my father was: How much he pushed me to accomplish my goals

What I loved most about my mother was: Always there to hold my hand

My favorite relatives were: My father and my uncle

I loved to visit: My uncle

In comparison to others I was: A tom boy. I would be playing little league with the boys but you couldn't stop me from playing Barbie's with my sisters!

Your Teenage Years:

Describe yourself as a teenager: I was very active in sports. Being a part of a clique wasn't important to me. I could get along with anyone.

Describe your achievements: V. Basketball, V. Softball, V. Cross Country. Received my letterman's jacket, MVP patch for basketball, championship patch for cross-country. Enlisted for the Army at 17 and left at age 18.

Did you do poorly at anything? Algebra, but I did get a tutor and passed the class and went onto Algebra 2.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I tore my ACL in my left knee during a basketball game and had surgery and was on crutches for the rest of the year. I worked extremely hard, pushing myself to new levels and made the Varsity team that following year.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): Knowing that I can help another family.

What message would you like passed on to the recipient of your eggs/their offspring? I wish them the best and hope with all my heart that they get the family that they've been longing for.

What helped you decide to become an egg donor? My best friend Wendy had to have an operation which made her unable to have children.

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? I do not wish to voice my opinion on this matter.

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? To be in the Army and eventually become a teacher. I did my time in the Army and I love teaching pre-school.

What do you see yourself doing in the next 5-10 years? Settled down with a family and pursuing my career.

What would you like your recipient couple to know about you that has not already been asked? I was able to travel all around the world during my military career and my experiences molded me into a very independent person.

What is your favorite color? Red

Favorite type of food? BBQ Chicken Pizza

Favorite movie? The Bodyguard

Favorite type of music? Country

Favorite Book? The Diary of Ann Frank

Would you be willing to donate to gay or single prospective parents? No Please specify: I would hope that the prospective child would have the benefit of having the upbringing and experience that only a mother and father can provide.

Would you be willing to meet a child conceived as the result of your donation? No Please elaborate: I don't think that it's healthy for a child to live with that sort of confusion.

Would you be interested in possibly meeting the prospective parents? No. I do not want to create the possibility of emotional attachment.

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

It would depend on the situation and individual circumstances.

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?

I would be open to it depending on the circumstances.

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?

I would not be open to it.

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 only consent if I knew how the embryos were to be used.

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

I have no objection to it.

Is there a message you would like to leave for your prospective parents? As you know, I am a pre-school teacher and I know how much of a joy a child can bring. I only hope that I can give this gift to a family that truly wishes to have a child in their life.

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: _____

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			Youngest sister
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							
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							
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							