

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

Donor Number: 0335 (For Agency Use Only)

Today's Date: 10/25/11

Date of Birth: 08/08/1984

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

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: N/A

Address: _____ City: Tolar State: TX Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a voicemail message at: (Pls. Circle): Home Work **Cell yes**

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 yes

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? asap

Who may we contact in case of an emergency? _____

Relationship grandmother 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 x No

Do you have medical insurance? Yes No x

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

Are you willing to travel for an egg donation? Yes No Possibly if: yes _____

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

Have you ever filed bankruptcy? Yes No If so, when? no _____

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

PHYSICAL CHARACTERISTICS

Age: 27 Height: 5'4 Weight: 140 **Measurements:** Bust 36c Hips 36 Waist _____

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

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

Mother's Side: Italian _____

Father's Side: Irish _____

Blood Type: A+ (+ or -) Place of Birth: fort worth, TX

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

***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 mediumx large

Hands:	right-handedx	left-handed	ambidextrous			
Eyes:	*Color	brown	hazel	green	bluex	
	*Set	narrow	average	widex		
	*Size	small	averagex	large		
	*Shape	roundx	oval	almond		
	*Shade	lightx	medium	dark		
Hair:	*Natural Color	blond	brownx	black	red	other
	*Color as child	blond	brownx	black	red	
	*Shade	light	mediumx	dark		
	*Type	straight	wavy	curlyx		
	*Fullness	thin	mediumx	thick		
	*Texture	fine	mediumx	course		
Nose:	*Size	smallx	medium	large		
	*Width	narrow	averagex	wide		
	*length	short	averagex	wide		
	*Nostril Flare	small	averagex	wide		
Cheekbones:	*Set	low	averagex	high		
	*Prominence	slight	mediumx	strong		
Mouth:	*Size	small	averagex	large		
	*Lips	thin	average	fullx		
Chin:	*Shape	square	oval	roundx		
	*Prominence	slight	averagex	strong		
	*Cleft	nonex	slight	medium		
Skin:	*Tone	light	med-light	mediumx	med-dark	dark olive
	*Tan Ability	none	slight	mediumx	easy	
	*Condition	normal	dry	oily	medium	combinationx
	*Acne	nonex	slight	medium	severe	at what age_____
Other Facial Features:	*Moles	nonex	one	several	numerous	
	*Freckles	none	several	moderatex	numerous	
	*Dimples	none	slightx	medium	deep	
Eyesight:	*Vision	normal	far-sighted	near-sightedx		
	*Glasses	none	singlex	bifocal		
	*Astigmatism	yes	nox	age diagnosed _____		
Dental:	*Device	nonex	braces	retainer	other _____	
	*Reason	cosmetic	accident	disease	other _____	
	*Age during use _____ to _____ 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? 28_____ How long do they last? 5 days_____

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

Method of birth control? _tubal ligation_____ 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
1.2001	vag				
2.2002	vag				
3.2005	vag				
4.2008	vag				
5.					
6.					

Any complications? _____no_____

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? \$5,000.00 _____ (1st time donors \$5,000)

What is the least amount you would consider? _\$4,000.00_____

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
(x) 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 _x__ No

MEDICAL HISTORY

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

tubal ligation 2008. appendectomy 2010

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 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? rarely_____ If yes, how many drinks per: day? _____ week? _____ month?_2

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? 2 months

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 x

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 _no_____

Please list all prescription or over the counter medications including dosage you are currently taking: none

***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: criminal justice and forensics
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: 4.0

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

- | | |
|-----------------------------|---------------------------|
| 1. <u>Kaplan university</u> | <u>Currently Enrolled</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

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

Dean's List or Honor Roll? honor roll

As an adult I am most proud of: My ability to work with others, and help them

Currently I have a career in: self employed

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

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

Languages: Speak: English
Read: English
Write: English

I consider myself: Athletic Active Average x Inactive

Physical activities include: Pilates, walking

Have you excelled in any physical activities? cheer

Manual Dexterity: Dexterous Average x Clumsy

I would describe my diet as: lots of protein and veggies

Other skills or talents? I have been singing and performing since I was three

Do you show artistic or musical ability? yes If yes please explain: I am currently recording in the studio.

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	brown	brown	5'3 135 lbs	dark	47		
Father	brown	blue	5'10 165 lbs	light	47		
Brother: 1.							
Sister: 1.	brown	green	5'0 130 lbs	dark	23		
Maternal Grandmother	black	brown	150 lbs 5'7	dark	66		
Maternal Grandfather	black	blue	160 lbs 5'10	dark		60	Heart problems
Paternal Grandmother	Light brown	blue	165lbs 5'3	light	66		
Paternal Grandfather	black	blue	180 lbs 5'11	dark		65	Heart attack
Children: (If Any) 1.	brown	blue	90 lbs 5'0	dark	10		
2.	Light brown	blue	80 lbs 4'9	light	9		
3.	blonde	green	50 lbs 4'0	medium	6		
4.	brown	hazel	40 lbs	dark	3		

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

Twins or multiple births in the family? _no_____ If yes, how many sets? _____

Are there any known genetic diseases that run in your family? no_____ If yes, please identify all such diseases and explain in as much detail as possible:

Has anyone in your family been born with a birth defect? _no____ If yes, please explain in detail:_____

Have you had a brother or sister die in infancy or early childhood? _no_____ If yes, please explain the cause of death:_____

Have you ever been tested for:

Cystic Fibrosis (Caucasian) _yes_____

Sickle Cell (African American) _____

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? I am easy going, musically inclined, passionate, friendly, intelligent and spontaneous.

What is your philosophy of life? Change what you cannot accept, and accept what you cannot change.

What qualities and characteristics would you hope the recipient parents possess? Patience, kindness, a sense of humor, firm but warm and lots of love!

How does it make you feel at the possibility of their offspring knowing about the donation? I don't mind!

How would you describe your childhood? good, secure.

What is the earliest memory you hold as a child? I remember going to the candy store with grandpa.

What was it like growing up in your family? It was busy but always something to do!

What religion did you belong to as a child? Southern Baptist

When I Was A Child:

My favorite thing to do was: _sing

At home I was expected to: _participate in family things

My parents were strict about: _no boys and no makeup till 14!

My parents taught me to value: _honesty and loyalty

What I loved most about my father was: _he was sporadic and full of surprises

What I loved most about my mother was: ___she was always there for me

My favorite relatives were: _my paternal grandmother

I loved to visit: _my grandmothers out in the country

In comparison to others I was: ___very bright, musically talented, a little bossy ;)

Your Teenage Years:

Describe yourself as a teenager: I was into theatre and music, and going out with my girlfriends

Describe your achievements: honor roll, cheer, honors in choir and glee

Did you do poorly at anything? I wasn't great at math

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? help another family achieve what they want most!!

What message would you like passed on to the recipient of your eggs/their offspring? You have a purpose, and your parents wanted you more than anything!

What helped you decide to become an egg donor? I saw a family who did it, and it was amazing for them.

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? religious. Christian

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? I want to be a good mother and great stay at home wife! So far, yes ☺

What do you see yourself doing in the next 5-10 years? finishing my cd, coaching more cheerleading, volunteering and vacation.

What would you like your recipient couple to know about you that has not already been asked? I really hope I can help you make this happen!

What is your favorite color? hot pink

Favorite type of food? sushi

Favorite movie? catch and release

Favorite type of music? country

Favorite Book? the house of thunder

Would you be willing to donate to gay or single prospective parents? yes Please specify: I don't have a problem with either.

Would you be willing to meet a child conceived as the result of your donation? yes Please elaborate: I'd love to!

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

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

I'm not sure

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?

no

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 don't know

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

I'm ok with that

Is there a message you would like to leave for your prospective parents? Let's do this!

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					X		
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							
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							

RISK FACTORS	Yes	No	Comment
Have you ever been sexually active with a male who was gay or bisexual?	Yes	Nox	
Have you ever injected drugs or had a sexual partner who did so?	Yes	Nox	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	Yes	Nox	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	Yes	Nox	
Have you ever had sex in exchange for money or drugs?	Yes	Nox	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	Yes	Nox	
Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?	Yes	Nox	
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	Nox	
Have you had an accidental needle stick within the past 12 months?	Yes	Nox	
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?	Yes	Nox	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	Yes	Nox	

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	Nox
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Have you ever been diagnosed with hepatitis?	Yes	Nox
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Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	Yes	Nox
---	------------	------------

Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	Nox	if so, when?
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Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	Nox	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	Nox	if so, who?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	Nox
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Do you have a history of changes in cognition, speech or gait?	Yes	Nox
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Have you ever received a blood transfusion?	Yes	Nox	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	Nox
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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 Nox

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

Yes Nox 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 Nox 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 Nox

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 Nox

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

Yes Nox 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 Nox if so, who?

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

Yes Nox

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

Yes Nox

(Cont'd)

Have you ever been excluded as a blood donor?	Yes	Nox	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	Nox
---	------------	------------

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	Nox
--	------------	------------

Have you received a bite from an animal suspected for rabies within the last six months?	Yes	Nox
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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: _____10/25/11_____

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: _____10/25/11_____

Witness to Signatures above: _____

Date: _____