

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

Donor Number: 0333 (For Agency Use Only)

Today's Date: 24 August 2011

Date of Birth: 03 Dec 1986

How did you hear of An Eggceptional Match? (If website, pls. specify): Friend and donor with AEM

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____ Tricare (US Air Force) _____

Address: _____ City: Ft. Walton Beach State: FL Zip: _____

Home Phone: N/A Work Phone: N/A

Cell Phone: N/A May we leave a voicemail message at: (Pls. Circle): Home Work **Cell**

Are email communications permissible? Yes If so, what is your E-mail Address:

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

Are text messages permissible and if so at what telephone numbers? **Yes** No _____

Are you currently listed with any other clinics or agencies? No If yes, whom? _____ Have you signed a contract with any other clinic or agency? No If so, please provide a complete copy to me.

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:

How soon are you able to begin your donation? 15 October 2011

Who may we contact in case of an emergency? _____

Relationship: Mother 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 (US Air Force)

Are you willing to travel for an egg donation? Yes No ☒ Possibly if: Reimbursement is available

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

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

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

PHYSICAL CHARACTERISTICS

Age: 24 Height: 5'8 Weight: 161 Measurements: Bust 36 Hips 33 Waist 31

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

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

Mother's Side: American

Father's Side: American

Blood Type: B+ (+ or -) Place of Birth: Cheraw, SC

What celebrity do people most commonly say you look like? Brook Shields @ times

***Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process**

PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE

Body Type/Bone Structure: small

medium

large

Hands:

right-handed

left-handed

ambidextrous

Eyes:

*Color

brown

hazel

green

blue

*Set

narrow

average

wide

*Size

small

average

large

*Shape

round

oval

almond

*Shade

light

medium

dark

Hair:

*Natural Color

blond

brown

black

red

other _____

*Color as child

blond

brown

black

red

*Shade

light

medium

dark

*Type

straight

wavy

curly

*Fullness

thin

medium

thick

*Texture

fine

medium

course

Nose:

*Size

small

medium

large

*Width

narrow

average

wide

*length

short

average

wide

*Nostril Flare

small

average

wide

Cheekbones:

*Set

low

average

high

*Prominence

slight

medium

strong

Mouth:

*Size

small

average

large

*Lips

thin

average

full

Chin:

*Shape

square

oval

round

*Prominence

slight

average

strong

*Cleft

none

slight

medium

Skin:

*Tone

light

med-light

medium

med-dark

dark olive

*Tan Ability

none

slight

medium

easy

*Condition

normal

dry

oily

medium

combination

*Acne

none

slight

medium

severe

at what age _____

Other Facial

Features:

*Moles

none

one

several

numerous

*Freckles

none

several

moderate

numerous

*Dimples

none

slight

medium

deep

Eyesight:

*Vision

normal

far-sighted

near-sighted

*Glasses

none

single

bifocal

*Astigmatism

yes

no

age diagnosed _____

Dental:

*Device

none

braces

retainer

other _____

*Reason

cosmetic

accident

disease

other _____

*Age during use 12 to 16 years of age

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? 28 How long do they last? 3-4 Days

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

Method of birth control? Abstinence If none, in the past? Yaz (oral)

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

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.	N/A				
2.					
3.					
4.					
5.					
6.					

Any complications? N/A

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)? N/A If yes, approximately how many per cycle? _____

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

What is the least amount you would consider? \$5,000

Will you require missed wages from work? No

If yes, what is your hourly wage? _____ How many hours per week do you work? 40+

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
(X) 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? X Yes _____ No

MEDICAL HISTORY

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

1. Tonsilectomy-2003
2. Wisdom Teeth-2005

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: No

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? No

Are you currently sexually active? No If yes, is it a monogamous relationship? _____ If yes, for how long? _____

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

Have you or your partner ever had a sexually transmitted disease (trichomoniasis, chlamydia, syphilis, condyloma, gonorrhea, herpes)? Yes **No**

If yes, when and what was your treatment regimen?

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? Yes **No** If yes, please explain treatment _____

Please list all prescription or over the counter medications including dosage you are currently taking: 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 12

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: 890

ACT's: _____

College GPA: 3.7

Please list names and year of all colleges attended:

College

Year

- | | | |
|----|-----------------------------|---------------------|
| 1. | <u>UMUC (Asia)</u> | <u>2007-Current</u> |
| 2. | <u>Troy University (FL)</u> | <u>Current</u> |

What was your favorite subject in school? Mathematics You're least favorite? Science

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: My endeavors/accomplishments in the Military

Currently I have a career in: US Air Force (Logistics/Transportation)

I have been in this profession for 7yrs, 2 months 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: Running, Swimming, Softball, Tennis

Have you excelled in any physical activities? Running, Physical Training

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Healthy: Mainly Vegetables and fruits, low fat meat

Other skills or talents? _____

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

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Hazel	5'4/163	Fair	47	N/A	N/A
Father	Brown	Brown	6'1/178	Tan	N/A	53	Unknown
Brother: 1.(Blood)	Brown	Brown	6'3/183	Fair	23	N/A	N/A
2.(Adopted)	Reddish	Blue	6'0/190	Fair	25	N/A	N/A
3.							
4.							
Sister: 1. (Adopted)	Brown	Blue	5'8/160	Fair	21	N/A	N/A
2.							
3.							
4.							
Maternal Grandmother	Brown	Green	5'5/160	Tan	N/A	69	Unknown
Maternal Grandfather	Brown	Brown	6'2	Tan	N/A	87	Old Age
Paternal Grandmother	Unknown						
Paternal Grandfather	Unknown						
Children: (If Any) 1.	N/A						
2.							

Are you adopted? Yes If yes, do you have access to your biological health history? Limited but all information on profile is biological.

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) No
Sickle Cell (African American) No
Thalassemia (Greek/Italian) No
Tay-Sach's (Jewish) No
Fragile X No
Spinal Muscular Atrophy No

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

How would you describe your personality and temperament? Very Bubbly and carefree for the most part. It usually takes a lot to upset me, or bring me down.

What is your philosophy of life? Everything happens for a reason. Only worry about the things that you can chance. Each person in life determines their outcome in the long run.

What qualities and characteristics would you hope the recipient parents possess? I'd want the parents to have the strength and determinate to do whatever needed for the child, being my biological parents did not.

How does it make you feel at the possibility of their offspring knowing about the donation? I'm okay with it.

How would you describe your childhood? My Childhood was very fun. My brothers, sister, and I were all really close growing up.

What is the earliest memory you hold as a child? Hiding in the kitchen cabinets from my oldest brother, as we played hide and seek

What was it like growing up in your family? Even after the adoption, we were all really close. Everything was like that of a normal family. All of the kids were raised in the church and grew up with strong morals and values.

What religion did you belong to as a child? Baptist

When I Was A Child:

My favorite thing to do was: Play Outside, or play ball

At home I was expected to: do my chores and my homework

My parents were strict about: being outside alone. I had to always be with someone

My parents taught me to value: the things that most people took for granted. Things that weren't materialistic.

What I loved most about my father was: He was strict, but at the same time, loving and fair.

What I loved most about my mother was: She and my father, loved all four of us the same.

My favorite relatives were: My maternal grandmother. (My biological and my mom that adopted me are sisters.)

I loved to visit: My grandma and grandpa

In comparison to others I was: The independent one. I always liked to do things by myself, or for myself.

Your Teenage Years:

Describe yourself as a teenager: I had a lot of friends, and I played a lot of sports. I had to study a lot to stay ahead in school.

Describe your achievements: I skipped the 11th grade, graduated from High School a year early, and then joined the military. All during High School, I played sports and was on the Honor Roll

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? A peace and satisfying feeling with myself, knowing that the possibility exists for other couples to have a chance at conception, that may not have been as fortunate as other couples.

What message would you like passed on to the recipient of your eggs/their offspring? I learned a long time ago, that relation and family, goes a lot more in depth than a blood relation. I hope whomever receives the eggs, also can find the peace in knowing the same thing with the donation.

What helped you decide to become an egg donor? I haven't tried to conceive yet, but I wanted to donate, to try and help out other couples. Hopefully somewhere, a couple will find great benefit from the donation.

Do you consider yourself a reliable person? Definitely. It may not be right away, but if I can help, somehow, some way, I will figure a way to get whatever it is done

Do you consider yourself a punctual person? Yes

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

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 always wanted to be a “hero,” and I’ve served 3 different successful tours in Iraq. I want the donation to be able to help a couple with conception.

What do you see yourself doing in the next 5-10 years? I want to be a midwife, so I’ll either be done with school, or almost done.

What would you like your recipient couple to know about you that has not already been asked? Nothing Unparticular

What is your favorite color? Pink

Favorite type of food? Mac & Cheese

Favorite movie? The Notebook

Favorite type of music? Country

Favorite Book? 5 Languages of Money

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I’m willing to donate to anyone.

Would you be willing to meet a child conceived as the result of your donation? No Please elaborate: I don’t mind the child knowing, I’d just rather not meet them

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? Yes . I’m willing to meet. I’m perfectly fine with them knowing my name.

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

I’m not strictly religious, but I don’t agree with it. Each person was given a chance at life; it just happens that some are less fortunate than others. Each parent should love the child unconditionally. The baby/child is a part of them, who they are. It shouldn’t matter if something isn’t perfect with the child. Somewhere, some couple can’t conceive. I think couples should love the baby they’ve been blessed with, regardless.

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. I will sign a consent permitting the donation of the eggs to another couple. I'd rather this be the case than them discarded or wasted.

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. I will sign a consent permitting research. After the donation, I'm not particularly concerned where the eggs go. I'd rather them go to a couple. But I'm okay with them being used otherwise.

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'm okay with it. I'd just rather not know what they do with them.

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

I'm okay with it. Although I do not wish to meet them

Is there a message you would like to leave for your prospective parents? I hope my donation is helpful to whomever the eggs go to.

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	No	No	No	No	No		
B. heart attack	No	No	No	No	No		
C. heart disease	No	No	No	No	No		
1. from birth	No	No	No	No	No		
2. lifestyle	No	No	No	No	No		
D. hardening of the arteries	No	No	No	No	No		
E. high blood pressure	No	No	No	No	No		
BLOOD							
A. anemia	No	No	No	No	No		
B. sickle-cell anemia	No	No	No	No	No		
C. hemophilia or other bleeding problem	No	No	No	No	No		
D. leukemia	No	No	No	No	No		
E. Immune Deficiency	No	No	No	No	No		
F. other blood disorder	No	No	No	No	No		
RESPIRATORY (LUNGS)							
A. hay fever	No	No	No	No	No		
B. asthma	No	No	No	No	No		
C. emphysema	No	No	No	No	No		
D. tuberculosis	No	No	No	No	No		
E. lung cancer	No	No	No	No	No		
F. pneumonia	No	No	No	No	No		
G. other lung disease	No	No	No	No	No		
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum	No	No	No	No	No		
B. gall stones	No	No	No	No	No		
C. hepatitis A	No	No	No	No	No		
D. hepatitis B	No	No	No	No	No		
E. cirrhosis	No	No	No	No	No		
F. colon cancer	No	No	No	No	No		
G. ulcerative colitis	No	No	No	No	No		
H. Crohn's disease	No	No	No	No	No		
I. cystic fibrosis	No	No	No	No	No		
J. intestinal cancer	No	No	No	No	No		
K. any other cancer/digestive prob.	No	No	No	No	No		
METABOLIC/ENDOCRINE							
A. diabetes mellitus	No	No	No	No	No		
B. hypoglycemia	No	No	No	No	No		
C. thyroid cancer	No	No	No	No	No		
D. thyroid disease	No	No	No	No	No		
E. goiter	No	No	No	No	No		
F. adrenal dysfunction or disorder	No	No	No	No	No		
G. hyperactivity	No	No	No	No	No		
URINARY							
A. kidney disease	No	No	No	No	No		
B. other disease of urinary tract (urethra, bladder, ureter)	No	No	No	No	No		
GENITAL/REPRODUCTIVE							
A. undescended testicle	No	No	No	No	No		
B. hypospadias	No	No	No	No	No		
C. prostate cancer	No	No	No	No	No		
D. uterine fibroids	No	No	No	No	No		
E. ovarian cysts	No	No	No	No	No		
F. cancer of cervix, ovaries or uterus	No	No	No	No	No		

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines	No	No	No	No	No		
B. mental retardation	No	No	No	No	No		
C. senility before age 50	No	No	No	No	No		
	No	No	No	No	No		
D. Multiple Sclerosis	No	No	No	No	No		
E. Cerebral Palsy	No	No	No	No	No		
F. epilepsy	No	No	No	No	No		
G. hydrocephalus	No	No	No	No	No		
H. disorder of the spinal cord	No	No	No	No	No		
I. Huntington's chorea	No	No	No	No	No		
J. Gaucher's disease	No	No	No	No	No		
K. Wilson's disease	No	No	No	No	No		
L. Creutzfeldt-Jacob disease	No	No	No	No	No		
M. Alzheimer's disease	No	No	No	No	No		
N. other diseases of the nervous system	No	No	No	No	No		
MENTAL HEALTH							
A. schizophrenia	No	No	No	No	No		
B. bipolar or manic depressive	No	No	No	No	No		
C. depression	No	No	No	No	No		
MUSCLE/BONE/JOINTS							
A. muscular dystrophy	No	No	No	No	No		
B. other chronic muscle disease	No	No	No	No	No		
C. lupus	No	No	No	No	No		
D. deformity of the spine	No	No	No	No	No		
E. osteoporosis	No	No	No	No	No		
F. dwarfism	No	No	No	No	No		
G. heredity low back disease	No	No	No	No	No		
H. arthritis	No	No	No	No	Yes		Maternal Grandmother
I. gout	No	No	No	No	No		
SIGHT/SOUND/SMELL							
A. deafness before age 60	No	No	No	No	No		
B. deformity of the ear	No	No	No	No	No		
C. cataracts before age 50	No	No	No	No	No		
D. blindness	No	No	No	No	No		
E. color blindness	No	No	No	No	No		
F. glaucoma	No	No	No	No	No		
G. deviated septum	No	No	No	No	No		
H. any other sight/sound/smell disorders	No	No	No	No	No		
SKIN							
A. acne	No	No	No	No	No		
B. eczema	No	No	No	No	No		
C. skin cancer	No	No	No	No	No		
D. pigmentation disorders	No	No	No	No	No		
E. other disorders of the skin	No	No	No	No	No		
OTHER							
A. alcoholism	No	No	No	No	No		
B. drug abuse, misuse or addiction	No	No	No	No	No		
C. breast cancer	No	No	No	No	No		
D. any other cancer not mentioned above	No	No	No	No	No		
E. any other condition not mentioned above	No	No	No	No	No		

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

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	No
---	-----	----

Have you ever been diagnosed with hepatitis?	Yes	No
--	-----	----

Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	Yes	No
---	-----	----

Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
---	-----	----	--------------

Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	No	if so, when?
--	-----	----	--------------

Have you or any of your blood relatives been diagnosed and/or have a history of transmissible spongiform encephalopathy such as Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease?	Yes	No	if so, who?
---	-----	----	-------------

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No
---	-----	----

Do you have a history of changes in cognition, speech or gait?	Yes	No
--	-----	----

Have you ever received a blood transfusion?	Yes	No	if so, where?
---	-----	----	---------------

Have you visited or lived in the United Kingdom for three months or more between 1980-1996 including England, Scotland, Wales, Ireland, Isle of Man, Channel Islands, Gibraltar or Falkland Islands?	Yes	No
--	-----	----

(Cont'd)

Were you a member of the US military, civilian military, employee or a dependent of a member of the military stationed in Belgium, the Netherlands, Germany, Spain, Portugal, Turkey, Italy or Greece between 1980-1996?

Yes No

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

Yes No if so, where?

Were you born in or have you lived in any of the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?

Yes No If so, when?

If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there?

Yes No

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

Yes No

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

Yes No if so, when?

Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involves being exposed to live cells, tissues or organs from an animal?

Yes No if so, who?

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

Yes No

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

Yes No

Have you ever been excluded as a blood donor?	Yes	No	if so, why?
<hr/>			
Have you been diagnosed or suspected to have Chagas' disease?	Yes	No	
<hr/>			
Have you been exposed to significant levels of radiation, toxic chemicals, or heavy metals (such as lead, mercury or gold) in your home or work environment?	Yes	No	
<hr/>			
Have you received a bite from an animal suspected for rabies within the last six months?	Yes	No	
<hr/>			

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: 24 August 2011

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: _____