

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

Donor Number: **# 0217** (For Agency Use Only)

Today's Date: 3/8/2010

Date of Birth: 03/13/1980

Name: Lyndsey

Social Security #:

Insurance Co: Kaiser

Address: City: Thornton 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? ASAP

Who may we contact in case of an emergency?

Who may we contact in case your demographics change?

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: 31 Height: 5'4" Weight: 145 **Measurements:** Bust 37" Hips 39" Waist 31"

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

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

Mother's Side: Irish, German, Polish

Father's Side: Italian

Blood Type: A (+ or -)

Place of Birth: Denver, CO

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

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	Veneers
	*Reason	cosmetic	accident	disease	other	Close gap in front teeth
	*Age during use	13 to _____	years of age			

Other:	*List	_____
	*Reason/Cause	_____

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? 30 How long do they last? 5

Do you experience cramps? None Mild Average Severe

Method of birth control? None If none, in the past? _____

Have you ever been pregnant? Yes If yes, did you have trouble conceiving? First Time

Have you ever been treated for infertility? Clomid X 2 mos

The reason they put me on Clomid is because one of my ovaries was not ovulating mature eggs - I still went through my cycle by my levels did not peak meaning my egg was not mature or was not getting released at all. I am 100% normal now and was able to conceive the second while nursing. I had one cyst when I was 20 that ruptured - so the doctors assumed it was a cyst but could not diagnosis completely because of the rupturing. I have never been diagnosed with PCOS.

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. 2005	Boy				
2. 2007	Boy				
3. 2009	Girl				
4.					

Any complications? C-Section

MEDICAL HISTORY

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

1. Knee-1997 and 2002

2. C-Section-2005, 2007, 2009

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? Yes If yes, how many drinks per: day? _____ week? _____ month? 4

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: Fluoxetine 10mg daily for PMS as opposed to being put on birth control since I had my tubes tied the birth control was a more risky option.

***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 (1st time donors \$5000)

What is the least amount you would consider? \$3000

Have you been sexually active in the past 6 months? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? 12 Years
If no, will your partner consent to standard blood testing? _____

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: 3.8)
Currently in College pursuing a degree in: _____
Completed College with degree in: B.S. in Business Admin/HR
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: 1170 ACT's: 25 College GPA: 3.4

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>Univ. CO. Denver</u>	<u>1998-2001</u>
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? Both

As an adult I am most proud of: My family

Currently I have a career in: Contract Management for Landscape Contractor

Hours per week I work : 10 I have been in this profession for 8 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: Walking, Golf, Working out

Have you excelled in any physical activities? Soccer and Golf

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy

Other skills or talents? _____

Do you show artistic or musical ability? Artistic If yes please explain: Have always painted, drawn and created things.

***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	Hazel	5'8" 160	Fair	59		
Father	Brown	Brown	5'10" 175	Olive	59		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Lt. Brown	Hazel	5'3" 130	Fair	31		
2.							
3.							
4.							
Maternal Grandmother	Red	Green	5'1" 140	Fair		84	Complications from heart surgery
Maternal Grandfather	Brown/Grey	Hazel	5'9" 150	Fair	89		
Paternal Grandmother	Brown	Brown	5'3" 150	Olive	77		
Paternal Grandfather	Grey	Brown	5'7" 140	Olive	80		
Children: (If Any) 1.	Blonde	Hazel	40" 34 lbs	Olive	4		
2.	Brown	Brown	37" 31 lbs	Olive	3		
3.	Blonde	Hazel	28" 24 lbs.	Olive	13 mos.		
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: NO

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? N/A

How would you describe your personality and temperament? Patient, energetic, talkative, good people skills, care giver.

What is your philosophy of life? To be the best that you can be by encouraging others to be the best they can be. I am a support giver and that makes me feel successful.

What qualities and characteristics would you hope the recipient parents possess? Committed, loving, accepting, loyal.

How does it make you feel at the possibility of their offspring knowing about the donation? No problems.

How would you describe your childhood? I grew up in a loving supportive home with two hands on parents and the absolute best big sister. We are still close to this day and many of the philosophies my parents taught me, I hope to teach my children. We were encouraged to do anything we wanted to do.

What is the earliest memory you hold as a child? Being in pre-school with my sister on the other side of the fence at pre-Kindergarten.

What was it like growing up in your family? Fun, constantly busy and a ton of support and love.

What religion did you belong to as a child? Catholic

When I Was A Child:

My favorite thing to do was: Play soccer and play games with my dad and sister

At home I was expected to: Do chores and help out

My parents were strict about: Having manners and being nice to others

My parents taught me to value: Family

What I loved most about my father was: He would always make time for us

What I loved most about my mother was: She encouraged us to do or try whatever our heart's desired

My favorite relatives were: Grandparents (mom) and Grandma (dad)

I loved to visit: Aunt Joanie in California

In comparison to others I was: Sensitive, caring and smart

Your Teenage Years:

Describe yourself as a teenager: Self motivated, determined and outgoing.

Describe your achievements: Student body president, homecoming queen, honor roll every semester

Did you do poorly at anything? I never could spell that well

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Hurt knee from soccer

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I hope to help families have a family, after I struggled with getting pregnant the first time, I knew I wanted to donate. However, I got pregnant with my second child so quickly after that, and with a surprise third pregnancy I had to wait until now. I am now in a place where I know that I will not be having any more of my own children and I have the time to commit to this process of helping another family with their dream of children. Obviously the money will help as well.

What message would you like passed on to the recipient of your eggs/their offspring? I have been in their position. Maybe not exactly, but I know what it is like to wonder if I would ever get to be a parent and I would want them to know that it is possible and they must stay patient and keep their love of one another in tact during the struggle. The marriage needs to stay strong to be good parents working together.

What helped you decide to become an egg donor? My sister donated and had success every time which made me feel like she was making such a difference in so many families lives.

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? Yes-Christian with a strong relationship with God

Do you have any ethical, moral or religious reservations about being an egg donor? At first I did but I know that God provides children to families in many unique ways.

What are your personal goals? Have you achieved any of these goals? I wanted to graduate college in 3 ½ years which I did. I also wanted to be a stay at home mom while working part time, which I do now. I also have accomplished my goal of losing all of my baby weight and extra weight I wanted to in the one year of having my 3rd child.

What do you see yourself doing in the next 5-10 years? Raising children. Buying land and building a home.

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

What is your favorite color? Yellow

Favorite type of food? Italian

Favorite movie? Troop Beverly Hills

Favorite type of music? Country, Christian

Favorite Book? Oh, the places You'll go

Would you be willing to donate to gay or single prospective parents? Maybe Please specify: I feel that it is really hard to raise children by yourself, however it would depend on the situation. I could not donate to a gay couple because of my faith.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If the parents were comfortable with it, I would be. I feel that although it is my egg, an egg alone is not a child. It takes sperm and a warm house for nine and a half months to create a baby so at that point it is not my child.

Would you be interested in possibly meeting the prospective parents? Sure, 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 believe that God blessed me with a child regardless of the anomalies because I could be a good parent to that child, so I would never abort a fetus. However, I know that some parents who feel that they are not able to care for the child due to the handicap would be doing the child more harm by trying to raise the child. Under normal circumstances I would hope that the child would be given up for adoption but in this situation, the families will have been through so much already to have to carry the baby to full term and birth the child to then be faced with the hardship of parting with the infant after birth, so I would understand if the parent's decided to end the pregnancy.

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?

Absolutely. More families the better.

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?

Absolutely. I will not be needing them.

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?

Fine. I would be contracted with the single family so after that, it is not my decision.

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

Great! Again, I know how many options there are to have a family and whatever works is worth it to have a baby.

Is there a message you would like to leave for your prospective parents? I support their decision and hope that everything works out and results in a beautiful healthy baby. I want to be a part of the process to help families become families with children. I would be honored to be chosen as I understand to some extent the struggles and disappointment in not getting pregnant as well as the absolute joy of caring for a child and having two healthy little boys and a baby girl, that have added so much to my life. I know that from my sister's experience it was very rewarding and our entire family was able to be a part of the excitement when every donation was successful. We have seen photos of some of the babies and it makes our hearts happy to know that she was a part of that. I think that anyone who does this for the main reason of helping a couple is one step closer to understanding what it is like to be a parent if they aren't already. I also feel that the couples that get involved with this process show their strength and faith in wanting to fully commit to having a baby. Every couple should never feel like that child is not theirs because an egg alone cannot become a child. The love that is shown to the fetus during development in the womb is what makes the baby. The love that the parents show is what creates the child that they will raise.

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							
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					X		WWII Army Nurse
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	X	X					Age-20 Mom Age 22
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							