

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

Donor Number: 0308 (For Agency Use Only)

Today's Date: 06/16/2010

Date of Birth: 08/30/1987

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____

Address: _____ City: Carmel State: IN Zip: _____

Home Phone: _____ Work Phone: _____

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

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 _____

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 _____ 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: _____

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

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: 5'1" Weight: 114 lbs Measurements: Bust: 34C Hips _____ Waist _____

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

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

Mother's Side: German

Father's Side: African, Irish

Blood Type: _____ (+ or -) Place of Birth: Groton, CT

What celebrity do people most commonly say you look like? Rosario Dawson and Mariah Carey

***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	22
Other Facial						Hormonal	_____
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	Slight	no	age diagnosed	_____	
Dental:	*Device	none	braces	retainer	other	_____	
	*Reason	cosmetic	accident	disease	other	None	
	*Age during use _____ to _____ years of age						

REPRODUCTIVE HISTORY

Age at first period? 13 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? 5-7

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

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

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

Have you ever been treated for infertility? No

Did your mother take DES while she was pregnant with you? No

LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.					
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)? _____ If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? \$5000 (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? \$2.13 +Tips

How many hours per week do you work? 35

Will you require childcare reimbursement? No If yes, what is the hourly rate? _____ X _____ kids

MEDICAL HISTORY

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

1. No

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? 2

Do you have any allergies to drugs or environmental exposures? Yes Pls. explain: Penicillin

Describe any childhood allergies that you have outgrown: Allergic to Nickel

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?

Clots with period

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 No

If yes, for how long? 1 1/2 years

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

If yes, when and what was your treatment regimen? Antibiotics-Negative on re-test for over a year.

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: Birth Control-Microgestin

***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: 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: 1270 ACT's: _____ College GPA: _____

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

1. Fox Valley _____
2. _____ _____
3. _____ _____

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

Dean's List or Honor Roll? No

As an adult I am most proud of: Working to save for my own tuition for Nursing school

Currently I have a career in: Service industry to save for Nursing school

I have been in this profession for 5 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: Kickboxing, Walking

Have you excelled in any physical activities? No

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy

Other skills or talents? Artistic, Creative

Do you show artistic or musical ability? Yes If yes please explain: Drawing, scrapbooking, cosmetology

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Blue	5'4" 135	Fair	46		
Father	Brown	Brown	5'7" 198	Dark	44		
Brother: 1.	Brown	Hazel	5'10" 155	Med	24		
2.							
Sister: 1.	Brown	Brown	5'3" 115	Med	16		
2.							
Maternal Grandmother	Lt. Brown	Blue	5'1" 140	Fair	68		
Maternal Grandfather	Grey	Blue	5'7" 156	Fair		78	Esophageal Cancer/Smoker
Paternal Grandmother	Brown	Brown	5'4" 106	Dark	69		
Paternal Grandfather	Brown	Brown	5'11" 161	Dark	74		
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) No
Sickle Cell (African American) No
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? Very outgoing and friendly and it takes a lot to get me angry. I am a very forgiving person.

What is your philosophy of life? _____

What qualities and characteristics would you hope the recipient parents possess? Individuality, willing to put others first, loving and caring.

How does it make you feel at the possibility of their offspring knowing about the donation? OK with that.

How would you describe your childhood? Wonderful memories, no worries at all, plenty of friends, love and laughter.

What is the earliest memory you hold as a child? It was fall and I was about 2 or 3. My brother and I were playing in the leaves and he got a bug on him and screamed bloody murder! The funny part; it was a ladybug!

What was it like growing up in your family? Our family was very close. We had family game night. I especially loved the summer because that meant camping, swimming and bon fires!

What religion did you belong to as a child? Catholic

When I Was A Child:

My favorite thing to do was: Playing neighborhood games like "kick the can".

At home I was expected to: Do my daily chores on the list.

My parents were strict about: Keeping my room clean.

My parents taught me to value: My family because they will always be there.

What I loved most about my father was: He let me wear make-up before my mom 😊

What I loved most about my mother was: How trustworthy she was.

My favorite relatives were: My maternal grandparents.

I loved to visit: My grandparents.

In comparison to others I was: Not shy at all.

Your Teenage Years:

Describe yourself as a teenager: My friends became a much bigger part of my life but I still loved the family get togethers.

Describe your achievements: Driver's license, high school diploma, living on my own, in a few years, my nursing degree.

Did you do poorly at anything? School for a while but with the help of my parents, I got back on track.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Senior year was rough. Wrong crowd but I came back to my senses and got back on track!

What do you hope to achieve by volunteering in an egg donor program? To provide a loving family or parent with the greatest gift in the world.

What message would you like passed on to the recipient of your eggs/their offspring? Give all the love and care to this special gift because every child deserves it.

What helped you decide to become an egg donor? The fact that there are so many people that cannot have children and very much deserve them. I would fall apart if I couldn't have kids-I love them!

Do you consider yourself a reliable person? Yes, Very.

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? Yes, religious. I pray a lot even if I can't make it to my church.

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? Get my degree in nursing, have a family of my own and one day, own my own home and be financially stable.

What do you see yourself doing in the next 5-10 years? Working in my career, owning a home and getting married to my boyfriend who is the love of my life!

What would you like your recipient couple to know about you that has not already been asked? If you're the one that chooses me, thank you for thinking I'm a beautiful person inside and out ☺

What is your favorite color? Blue

Favorite type of food? Mango

Favorite movie? Ghost or Dirty Dancing

Favorite type of music? Country

Favorite Book? The Nights of Rodanthe

Would you be willing to donate to gay or single prospective parents? Yes Please specify: As long as the child is loved and provided for. Everyone deserves unconditional love in their life.

Would you be willing to meet a child conceived as the result of your donation? Sure Please elaborate: To see what my contribution looked like and to know they were happy!

Would you be interested in possibly meeting the prospective parents? If that's the way they feel, I would also be reassured that the child is going to a loving home.

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

Unless it's life threatening to the mother, then absolutely not. My mother did foster care to special needs kids and they are human too.

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?

As long as they can afford the cost of a child then I'm OK with it.

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 leftover embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?

Only for Donation.

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

If it comes down to that, I wouldn't have a problem.

Is there a message you would like to leave for your prospective parents? Once again, thank you for choosing me! That also makes me feel special. No matter what, give that child the love and care it needs and deserves!

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the only information that your intended parents have to make a healthy and intuitive choice for their offspring.

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure					X		Age
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				X			As a child
B. asthma			X		X		Dad as a child (outgrew) and Gma now (Age)
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease			X				Sarcoidosis-DX 8 yrs ago. Steroid regimen-Doing great
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					X		Type 1-Grandpa
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							
NEUROLOGICAL	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
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					X		Age
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	X	X		X			Average-Puberty, etc..
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					X		Smoker
E. any other condition not mentioned above							

RISK FACTORS**Yes****No****Comment**

Have you ever been sexually active weith 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 personKnown 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 concecutive 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 preceeding 12 months?	Yes	No
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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
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Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
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Have you ever been treated for or diagnosed with Chlamydia , gonorrhea, herpes or syphilis?	Yes	No	if so, when? Over a year ago
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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	No	if so, who?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No
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Do you have a history of changes in cognition, speech or gait?	Yes	No
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Have you ever received a blood transfusion?	Yes	No	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	No
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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	No
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From 1980 to present, have you spent time that adds up To 5 years or more in Europe?	Yes	No	if so, where?
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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?
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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 any 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?
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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
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(Cont'd)

Have you ever been excluded as a blood donor?	Yes	No	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	No
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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
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Have you received a bite from an animal suspected for rabies within the last six months?	Yes	No
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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: _____

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: _____