

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

Donor Number: 0307 (For Agency Use Only)

Today's Date: July 2012

Date of Birth: April 12, 1985

How did you hear of An Eggceptional Match? (If website, pls. specify): from a fertility nurse

Full Legal Name and any aliases:

Social Security #: none

Insurance Co: None

Address: _____ City: Jersey City State: NJ Zip: _____

Home Phone: _____ Work Phone: none

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? Yes If yes, whom?

Have you signed a contract with any other clinic or agency? No contract with any agency.
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? As soon as possible

Who may we contact in case of an emergency?

Relationship: Husband 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: None

Are you willing to travel for an egg donation? ☒ Yes ☐ No Possibly if: As long as all expenses are paid and informed ahead of time

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: 27 Height: 5'3" Weight: 125 **Measurements**: Bust: 34 Hips: 36 Waist: 28

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

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

Mother's Side: Filipino, Chinese

Father's Side: Filipino, Portuguese, American

Blood Type: O+ Place of Birth: Cebu City, Philippines

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

***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

black

*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	Medium-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: 20's	

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 _____ to _____ years of age				

REPRODUCTIVE HISTORY

Age at first period? 10 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? More or less 28 How long do they last? 5 days

Do you experience cramps? None Mild Average Severe

Method of birth control? Pills and Condom 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
2004	Male Vaginal	None	None	None	
2005	Male Vaginal	None	None	None	
2007	Female Vaginal	None	None	None	
2009	Female Vaginal	None	None	None	
					February 2010

Any complications? None

DONATION HISTORY

Have you ever donated your eggs before? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
3/2011	18	17	Yes	Anonymous
7/2011	15	14	Yes	Anonymous
8/2012	8	6	No	No

Were their embryos left to cryopreserve (freeze)? Not Sure If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? \$8500.00 (1st time donors \$5,000)

What is the least amount you would consider? ?

Will you require missed wages from work? No

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

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

MEDICAL HISTORY

Have you ever had any surgeries? No If so please list type and date:

1. _____

Have you had a blood transfusion in the last 12 months? No

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? None If yes, please explain: _____

Have you been exposed to radiation or toxic chemicals in your work or personal life? None

Have you received a bite from an animal suspect for rabies within the last 6 months? None

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 (on special occasions) 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? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship? Yes No

If yes, for how long? 7 years

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

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?

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 _____
Jr. High School _____
Sr. High School (GPA: _____)
Currently in College pursuing a degree in: _____
Completed College with degree in: Associate's Degree in Nursing
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: NA ACT's: NA College GPA: NA

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Cebu Doctors' University</u>	<u>2002-2006</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? English You're least favorite? None

Dean's List or Honor Roll? 3rd Honor (1st grade to 6th grade)

As an adult I am most proud of: Having a family at a young age yet continued going to school and eventually started working.

Currently I have a career in: Home Health Care

I have been in this profession for 6 (six) days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: Filipino, English

Read: Filipino, English

Write: Filipino, English

I consider myself: Athletic Active Average Inactive

Physical activities include: Swimming, Walking

Have you excelled in any physical activities? Swimming

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Average

Other skills or talents? None

Do you show artistic or musical ability? None If yes please explain: _____

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Black	Black	5'3"/115	Medium Light	46	NA	NA
Father	Black	Black	5'8"/200	Medium	47	NA	NA
Brother: 1.							
2.							
Sister: 1.	Black	Black	5'3"/105	Tan	21	NA	NA
2.	Black	Black	5'5"/110	Medium	12	NA	NA
Maternal Grandmother	Black	Black	5'3"/120	Medium	NA	53	Throat cancer (from smoking)
Maternal Grandfather	Black	Black	5'7"/170	Medium	NA	75	Liver complications due to old age
Paternal Grandmother	Black	Black	5'4"/159	Medium	65	NA	NA
Paternal Grandfather	Black	Black	5'8"/175	Medium	NA	40	Murdered
Children: (If Any)							
1.	Black	Black		Medium	6		
2.	Black	Black		Medium	4		
3.	Black	Black		Medium	2		
4.	Black	Black		Medium	1		

Are you adopted? No If yes, do you have access to your biological health history? Yes

Twins or multiple births in the family? Yes If yes, how many sets? one

Are there any known genetic diseases that run in your family? I don't think so 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: NA

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? NA

How would you describe your personality and temperament? I am reserved when I meet people for the first time but once I warm up to them I become very talkative and friendly. I am very dependable and loyal.

What is your philosophy of life? I have always believed to living life to the fullest. We never know when our time is up. So I feel that we should grab any chance we have to be happy. Do everything that we want to do so that there won't be any regrets in the end. If it turns out that we made a mistake, I would rather not dwell on it but learn from it. And always find ways to better ourselves.

What qualities and characteristics would you hope the recipient parents possess? I would hope that they be loving and supportive parents. To be the kind of parents that will be able to raise wonderful children. And be able to instill good values to their offspring. Like being polite, hard-working, respectful and god-fearing.

How does it make you feel at the possibility of their offspring knowing about the donation? I would hope that the child/children won't be affected by learning about it. That the child has felt loved and doesn't mind knowing about the donation.

How would you describe your childhood? I had a happy childhood. I always felt loved by my family. We we're the kind of family that hugged each other and expressed our love for one another.

What is the earliest memory you hold as a child? My earliest memory would be being at the beach with my family. I think I was 4 or 5. I had the time of my life. Just playing under the sun.

What was it like growing up in your family? Growing up in my family was very interesting. My dad was strict and my mom was the complete opposite but because of this difference they complemented each other and were able to balance everything. My dad demanded the best so I think that would be where my competitive nature came from. As with every family, we had our share of bad times but we we're able to get through it and has provided us children with very valuable lessons that we were able to use as we were growing up and became young adults. My parents has always been a big influence in my life.

What religion did you belong to as a child? Roman Catholic

When I Was A Child:

My favorite thing to do was: I liked to watch movies, read books and swim.

At home I was expected to: Concentrate on my studies and did the chores I was assigned too.

My parents were strict about: Maintaining good grades.

My parents taught me to value: Family.

What I loved most about my father was:

What I loved most about my mother was: She always placed our family first and showed great love for her children.

My favorite relatives were: My Paternal Grandmother.

I loved to visit: The beach.

In comparison to others I was: Competitive at an early age.

Your Teenage Years:

Describe yourself as a teenager: I had a lot of friends and wanted to be always around them. I was very competitive so I felt that I had to be the best in everything that I did.

Describe your achievements: I joined a varsity team on swimming and joined competitions. I also participated in local events for modeling and pageants.

Did you do poorly at anything? I had a hard time disappointing people. I felt that I had to be the best to the point that it was stressful at times.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No major problems. Just normal things. I was able to balance my time well.

What do you hope to achieve by volunteering in an egg donor program? I hope to be able to help a couple in achieving their dreams of having a family.

What message would you like passed on to the recipient of your eggs/their offspring? I just want to wish them the best. Always do what is the best for your family.

What helped you decide to become an egg donor? I just wanted to share the joys of having children.

Do you consider yourself a reliable person? Yes.

Do you consider yourself a punctual person? Yes.

Would you describe yourself as a religious or spiritual person? Moderately religious and spiritual.

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 my family to achieve stability in life and to be able to provide well for my children. I could say that we are doing pretty well. Just enough to make life comfortable and meaningful.

What do you see yourself doing in the next 5-10 years? I would really love to have a business of my own. On what field, that I am not very sure.

What would you like your recipient couple to know about you that has not already been asked? None.

What is your favorite color? Red.

Favorite type of food? Filipino, Chinese and Italian.

Favorite movie? The Notebook.

Favorite type of music? Love songs from the 70's, 80's and 90's.

Favorite Book? A lot. I love to read all genre's depending on my mood. All books are my favorite since I really love to read.

Would you be willing to donate to gay or single prospective parents? Yes. Please specify: I have no preference as to who I want to donate to.

Would you be willing to meet a child conceived as the result of your donation? No. Please elaborate: I think that it would be too confusing for the child.

Would you be interested in possibly meeting the prospective parents? Maybe, before the donation process.

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)? As long as there is a valid reason for resorting to this then I would be fine with it.

How do you feel about the possibility of any remaining embryos being donated to another infertile couple that cannot afford the cost of infertility treatment? Will you sign a consent permitting such donation? I would not be comfortable with that.

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? I would prefer that the unused embryos be discarded but not to be used on scientific research.

Some clinics have their Prospective Parents sign away rights to any left over embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision? I would not be comfortable with that. I don't want to find out one day that a child was born from my embryo and was being used as scientific research.

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor? I have no problem with that. I would support any means possible for the couple to have a child.

Is there a message you would like to leave for your prospective parents? I just want to wish them good luck on this wonderful journey they are taking. I wish them all the best and hope that they will be able to start a family of their own soon.

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	NA	NA	NA	NA	NA	NA	NA
B. heart attack	NA	NA	NA	NA	NA	NA	NA
C. heart disease							
1. from birth	NA	NA	NA	NA	NA	NA	NA
2. lifestyle	NA	NA	NA	NA	NA	NA	NA
D. hardening of the arteries	NA	NA	NA	NA	NA	NA	NA
E. high blood pressure	NA	NA	NA	NA		NA	
BLOOD							
A. anemia	NA	NA	NA	NA	NA	NA	NA
B. sickle-cell anemia	NA	NA	NA	NA	NA	NA	NA
C. hemophilia or other bleeding problem	NA	NA	NA	NA	NA	NA	NA
D. leukemia	NA	NA	NA	NA	NA	NA	NA
E. Immune Deficiency	NA	NA	NA	NA	NA	NA	NA
F. other blood disorder	NA	NA	NA	NA	NA	NA	NA
RESPIRATORY (LUNGS)							
A. hay fever	NA	NA	NA	NA	NA	NA	NA
B. asthma	NA	NA	NA	NA	NA	NA	NA
C. emphysema	NA	NA	NA	NA	NA	NA	NA
D. tuberculosis	NA	NA	NA	NA	NA	NA	NA
E. lung cancer	NA	NA	NA	NA	NA	NA	NA
F. pneumonia	NA	NA	NA	NA	NA	NA	NA
G. other lung disease	NA	NA	NA	NA	NA	NA	NA
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum	NA	NA	NA	NA	NA	NA	NA
B. gall stones	NA	NA	NA	NA	NA	NA	NA
C. hepatitis A	NA	NA	NA	NA	NA	NA	NA
D. hepatitis B	NA	NA	NA	NA	NA	NA	NA
E. cirrhosis	NA	NA	NA	NA	NA	NA	NA
F. colon cancer	NA	NA	NA	NA	NA	NA	NA
G. ulcerative colitis	NA	NA	NA	NA	NA	NA	NA
H. Crohn’s disease	NA	NA	NA	NA	NA	NA	NA
I. cystic fibrosis	NA	NA	NA	NA	NA	NA	NA
J. intestinal cancer	NA	NA	NA	NA	NA	NA	NA
K. any other cancer/digestive prob.	NA	NA	NA	NA	NA	NA	NA
METABOLIC/ENDOCRINE							
A. diabetes mellitus	NA	NA	NA	NA		NA	
B. hypoglycemia	NA	NA	NA	NA	NA	NA	NA
C. thyroid cancer	NA	NA	NA	NA	NA	NA	NA
D. thyroid disease	NA	NA	NA	NA		NA	
E. goiter	NA	NA	NA	NA	NA	NA	NA
F. adrenal dysfunction or disorder	NA	NA	NA	NA	NA	NA	NA
G. hyperactivity	NA	NA	NA	NA	NA	NA	NA
URINARY							
A. kidney disease	NA	NA	NA	NA	NA	NA	NA
B. other disease of urinary tract (urethra, bladder, ureter)	NA	NA	NA	NA	NA	NA	NA
GENITAL/REPRODUCTIVE							
A. undescended testicle	NA	NA	NA	NA	NA	NA	NA
B. hypospadias	NA	NA	NA	NA	NA	NA	NA
C. prostate cancer	NA	NA	NA	NA	NA	NA	NA
D. uterine fibroids	NA	NA	NA	NA	NA	NA	NA
E. ovarian cysts	NA	NA	NA	NA	NA	NA	NA
F. cancer of cervix, ovaries or uterus	NA	NA	NA	NA	NA	NA	NA

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines	NA	NA	NA	NA	NA	NA	NA
B. mental retardation	NA	NA	NA	NA	NA	NA	NA
C. senility before age 50	NA	NA	NA	NA	NA	NA	NA
D. Multiple Sclerosis	NA	NA	NA	NA	NA	NA	NA
E. Cerebral Palsy	NA	NA	NA	NA	NA	NA	NA
F. epilepsy	NA	NA	NA	NA	NA	NA	NA
G. hydrocephalus	NA	NA	NA	NA	NA	NA	NA
H. disorder of the spinal cord	NA	NA	NA	NA	NA	NA	NA
I. Huntington's chorea	NA	NA	NA	NA	NA	NA	NA
J. Gaucher's disease	NA	NA	NA	NA	NA	NA	NA
K. Wilson's disease	NA	NA	NA	NA	NA	NA	NA
L. Creutzfeldt-Jacob disease	NA	NA	NA	NA	NA	NA	NA
M. Alzheimer's disease	NA	NA	NA	NA	NA	NA	NA
N. other diseases of the nervous system	NA	NA	NA	NA	NA	NA	NA
MENTAL HEALTH							
A. schizophrenia	NA	NA	NA	NA	NA	NA	NA
B. bipolar or manic depressive	NA	NA	NA	NA	NA	NA	NA
C. depression	NA	NA	NA	NA	NA	NA	NA
MUSCLE/BONE/JOINTS							
A. muscular dystrophy	NA	NA	NA	NA	NA	NA	NA
B. other chronic muscle disease	NA	NA	NA	NA	NA	NA	NA
C. lupus	NA	NA	NA	NA	NA	NA	NA
D. deformity of the spine	NA	NA	NA	NA	NA	NA	NA
E. osteoporosis	NA	NA	NA	NA	NA	NA	NA
F. dwarfism	NA	NA	NA	NA	NA	NA	NA
G. heredity low back disease	NA	NA	NA	NA	NA	NA	NA
H. arthritis	NA	NA	NA	NA	NA	NA	NA
I. gout	NA	NA	NA	NA	NA	NA	NA
SIGHT/SOUND/SMELL							
A. deafness before age 60	NA	NA	NA	NA	NA	NA	NA
B. deformity of the ear	NA	NA	NA	NA	NA	NA	NA
C. cataracts before age 50	NA	NA	NA	NA	NA	NA	NA
D. blindness	NA	NA	NA	NA	NA	NA	NA
E. color blindness	NA	NA	NA	NA	NA	NA	NA
F. glaucoma	NA	NA	NA	NA	NA	NA	NA
G. deviated septum	NA	NA	NA	NA	NA	NA	NA
H. any other sight/sound/smell disorders	NA	NA	NA	NA	NA	NA	NA
SKIN							
A. acne	NA	NA	NA	NA	NA	NA	NA
B. eczema	NA	NA	NA	NA	NA	NA	NA
C. skin cancer	NA	NA	NA	NA	NA	NA	NA
D. pigmentation disorders	NA	NA	NA	NA	NA	NA	NA
E. other disorders of the skin	NA	NA	NA	NA	NA	NA	NA
OTHER							
A. alcoholism	NA	NA	NA	NA	NA	NA	NA
B. drug abuse, misuse or addiction	NA	NA	NA	NA	NA	NA	NA
C. breast cancer	NA	NA	NA	NA	NA	NA	NA
D. any other cancer not mentioned above	NA	NA	NA	NA	Throat Cancer (Maternal Grandmother) due to smoking	NA	NA
E. any other condition not mentioned above	NA	NA	NA	NA	NA	NA	NA

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	Yes	No	

contact with anyone known or suspected to have hepatitis?

Have you acquired a tattoo or other skin piercing procedure within the preceeding 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**

Were you a member of the US military, **Yes** **No**

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?

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 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?

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?

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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