

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

**Donor Number: 0214** (For Agency Use Only)

Today's Date: 7/2011

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

Name: \_\_\_\_\_

Date of Birth: 8-25-82

Social Security #: \_\_\_\_\_

Insurance Co: ANTHEM

Address: \_\_\_\_\_ City: WILMINGTON State: Oh Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a Message at (Pls. Circle): Home Work Cell X

E-mail Address: \_\_\_\_\_

**I check my email:** all day X 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? Now

Who may we contact in case of an emergency? MY HUSBAND

Who may we contact in case your demographics change? \_\_\_\_\_

Are you (Pls. Circle): **Married X** Single with relationship Single without relationship

Are you a U.S. Citizen? Yes X No

Do you have medical insurance? Yes Are you willing to travel for an egg donation? Maybe

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: 29 Height: 5'9 Weight: 150 Measurements: Bust 36 Hips 38 Waist 36

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

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

Mother's Side: Italian, Irish, American Indian

Father's Side: Irish, French, German, American Indian

Blood Type: O+ (+ or -) Place of Birth: Chicago, IL

What celebrity do people most commonly say you look like? Sarah Mc Lachlan, Ashley Judd,

### Please circle appropriate response:

Body Type/Bone Structure:	small	medium X	large		
Hands:	right-handed X	left-handed	ambidextrous		
Eyes:	*Color *Set *Size *Shape *Shade	brown X narrow small round light	hazel average X average X oval X medium	green wide large almond dark X	blue
Hair:	*Natural Color *Color as child *Shade *Type *Fullness *Texture	blond blond X light straight thin fine	brown X brown medium X wavy X mediumX medium X	black black dark curly thick course	red red other
Nose:	*Size *Width *length *Nostril Flare	small narrow short small	medium X average X average X average X	large wide wide wide	
Cheekbones:	*Set *Prominence	low slight	average medium X	high X strong	
Mouth:	*Size *Lips	small thin	average X average X	large full	
Chin:	*Shape *Prominence *Cleft	square slight none	oval X average X slight X	round strong medium	

Skin:	*Tone	light	med-light	medium X	med-dark	dark olive
	*Tan Ability	none	slight	medium	easy X	
	*Condition	normal	dry	oily	medium	combination X
	*Acne	none X	slight	medium	severe	at what age____

#### Other Facial

Features:	*Moles	none X	one	several	numerous
	*Freckles	none	several X	moderate	numerous
	*Dimples	none	slight	medium	deep X

Eyesight:	*Vision	normal	far-sighted	near-sighted X
	*Glasses	none	single X	bifocal
	*Astigmatism	yes	no X	age diagnosed _____

Dental:	*Device	none X	braces	retainer	other _____
	*Reason	cosmetic	accident	disease	other _____
	*Age during use _____ to _____ years of age				

Other:	*List _____
	*Reason/Cause _____

### REPRODUCTIVE HISTORY

Age at first period? \_\_\_\_14\_\_\_\_ 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? \_\_6 days\_\_

Do you experience cramps? None Mild X Average Severe

Method of birth control? None-Hysterectomy (Still have ovaries) 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 below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1. 2003	Vag/ F	0	0	0	0
2. 2005	Vag/M	0	0	0	0
3. 2008	Csec/M & M	0	0	0	0
4. 2010	Csec/M	0	0	0	0

Any complications? Pre-eclampsia with the twins, and pre term labor at 32 weeks, but this was a GS pregnancy

## MEDICAL HISTORY

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

1. Csection 7/27/08
2. csec 3/12/2010\_\_\_\_\_
3. Vaginal Hysterectomy 7/2011

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? \_\_\_\_never 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? \_Allergic to bee stings\_\_ 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**\*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? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
3/2009	24	Anonymous	Anonymous	Anonymous

Were their embryos left to cryopreserve (freeze)? my clinic would not disclose this info to me If yes, approximately how many per cycle? \_\_\_\_\_

What is the compensation you are asking for your donation? 7K (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? 5k

Will you require missed wages from work? no

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

Will you require childcare reimbursement? yes If yes, what is the hourly rate? 10\$ X 3 kids

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? mono- for 9 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? was diagnosed with mild Dysplasia in 2006, and current pap is cleared and dysplasia is gone. Vaginal Hysterectomy because of Adenomyosis 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
- ☒ **X None of the Above**

## EDUCATION

Highest Level of Education Completed: Grade School 5th  
Jr. High School 8th  
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: Cosmetology License

Test Scores: SAT's: N/A ACT's: N/A College GPA: N/A

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

1. Capri school of Beauty 2000-2001
2. \_\_\_\_\_
3. \_\_\_\_\_

What was your favorite subject in school? Science & Art You're least favorite? Math

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: Being a great Mother !

Currently I have a career in: Cosmetology

I have been in this profession for 10 years

\*I have flexibility in my current profession: Yes ☒ No ☐

Languages: Speak: English

Read: Some Spanish

Write: Some Spanish

I consider myself: Athletic ☒ Active ☐ Average ☐ Inactive ☐

Physical activities include: Running, swimming, regular exercise weekly

Have you excelled in any physical activities? volley-ball, swimming, running

Manual Dexterity: Dexterous ☒ Average ☒ Clumsy ☐

I would describe my diet as: Overall pretty healthy. I don't drink much soda or junk food. Love vegetables and any meat, I am defiantly not a vegan of any type.

Other skills or talents? I play Piano, draw and paint very well and love to make jewelry.

Do you show artistic or musical ability? Piano and as a child I played Clarinet If yes please explain: \_\_\_\_\_

**\*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	Brown	5'8/160	Olive	48		
Father	Brown	Green	6'2/200	Light	50		
Brother: 1.	Brown	Brown	6'3/185	Medium	20		
2.							
3.							
4.							
Sister: 1.	Brown	Brown	5'6/130	Olive	27		
2.	Brown	Brown	5'8/150	Olive	23		
3.							
4.							
Maternal Grandmother	Blonde	Blue	5'6/150	Light		74	Lung cancer-Smoker
Maternal Grandfather	Brown	Brown	5'9/170	Olive	80		
Paternal Grandmother	Brown	Brown	5'9/160	Light	78		
Paternal Grandfather	Red	Green	6'0/170	Light		35	Car accident
Children: (If Any) 1. girl	Blonde	Brown	Ht-?/40	light	4 1/2		
2. boy	Brown	Brown	Ht-?/40	Light	3 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? yes If yes, how many sets? 3 sets of twins . All on Mother's side, all fraternal

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) Unsure

Sickle Cell (African American) \_\_\_no\_\_\_

Thalassemia (Greek/Italian) \_\_\_\_\_no\_

Tay-Sach's (Jewish) \_\_\_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? I'm a very easy going person. I try to see the good in everyone and love to laugh and have a good time wherever I am at.

What is your philosophy of life? Make the most of today, because tomorrow may never come!

What qualities and characteristics would you hope the recipient parents possess? Good nature, great sense of humor, friendly, overall someone I would be friends with normally if I had met them on the street.

How does it make you feel at the possibility of their offspring knowing about the donation? I am open to their child knowing. That is something that is the parent's choice to tell them. I would welcome any decision they make with open arms.

How would you describe your childhood? I think I had a fabulous childhood. My parents tried to always give me and my siblings the best they could. We always took family vacations together and went to church every Sunday. My mom was a stay at home mom and I could have never asked for a better gift growing up than that!

What is the earliest memory you hold as a child? One time when I was about 4, I tried to climb up the Christmas tree in the living room, and knocked the entire tree over, ornaments and all. When my mom and dad came running in the room to see what the noise was they looked at me and asked what happened, and I told them "Santa did it Mommy"...its been a joke all our lives to blame it on Santa so you never get into trouble!

What was it like growing up in your family? I loved my family growing up, and still do. I had a sister older and a sister younger, and until my brother came along, he is the youngest; it was always a battle fighting off my sisters. When my brother was born I was so happy he wasn't another girl. I am very close to my siblings; we are the best of friends. Growing up with 4 kids in our house was like never having a moment of quiet. Someone was always going to a friend's house, or a sports game. My Mom and Dad always gave us chores to do and we had to go to church every Sunday, which we hated, but my dad would make it fun, but picking out the worst dressed people in the church that day. He was like another kid at the dinner table every night.

What religion did you belong to as a child? Catholic



### **When I Was A Child:**

My favorite thing to do was: Stay up late in the summertime and have campfires

At home I was expected to: Do a chore every night, go to church every Sunday and homework before dinner

My parents were strict about: Getting good grades and respecting everyone around me

My parents taught me to value: My own life. To never take anything for granted.

What I loved most about my father was: His humor. My Dad was like the 5<sup>th</sup> kid in my house!

What I loved most about my mother was: That no matter what happened she never really yelled and always told me she loved me before I fell asleep at night.

My favorite relatives were: My Mom's Mom, she was like a 2<sup>nd</sup> mother to us all

I loved to visit: My grandma and any of my friend's houses.

In comparison to others I was: Much more respectful and appreciative to what was ever given to me. I had friends who never used the words "please & thank you" and it just seemed so wrong to me, because I was not raised like that.

### **Your Teenage Years:**

Describe yourself as a teenager: Well I lived in a house with 3 other girls, so obviously I was always fighting over something, but overall I was a good kid, didn't get into trouble at school or doing drugs or with boys, never anything like that.

Describe your achievements: I was always getting awards in school for something I did in gym class or art class. I held the record for the mile one year at 6 minutes, and no one had beaten it for quite a few years, this was in 8<sup>th</sup> grade!

Did you do poorly at anything? Math- oh my gosh, it was always a battle for me to get a B on anything in that subject, it just was not a strong point for me.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Not anything too rough. Just the usual, teenage moods- ☺

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially):

I hope to bring someone a baby they have longed for so badly. Just to be able to give someone else the gift I have, would be well worth all the effort I would have to do!

What message would you like passed on to the recipient of your eggs/their offspring? To try to understand that their parents wanted them so badly they went to every effort to making their life a possibility!

What helped you decide to become an egg donor? I was a GS for a couple who live internationally. They now have twins because of a generous donor. Every time I would show them my belly when I was pregnant with their sons, the look on their faces was AMAZING! The day they were born, was like a dream come true you only see happen in movies, only for me it was real life. I hope I can make someone's dreams come true like it did for them.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? I would say I do believe in God, or a higher being. There has to be someone out there watching over us all, I believe things happen for a reason, whether they are good or bad

Do you have any ethical, moral or religious reservations about being an egg donor? No, I would happily donate to anyone who needs me.

What are your personal goals? Have you achieved any of these goals? My husband and I would love to buy a big house and remodel it the way we like. Also someday I hope to move out west where it is warmer!

What do you see yourself doing in the next 5-10 years? Flipping our 1<sup>st</sup> home!

What would you like your recipient couple to know about you that has not already been asked? That I am genuinely a caring person. Most of my friends and family tell me I am very motherly and always try to help everyone; I hope that would be something passed onto their children.

What is your favorite color? any Blues

Favorite type of food? anything Italian

Favorite movie? Sound of Music

Favorite type of music? Country & Pop

Favorite Book? Anything by Nicholas Sparks

Would you be willing to donate to gay or single prospective parents? Yes Please specify:

I would prefer Couple ( either gay or straight) in a committed or married relationship

Would you be willing to meet a child conceived as the result of your donation? yes Please elaborate: I would be willing to meet the child when he/she is 18 yrs old, unless for medical reason, than I would meet sooner.

Would you be interested in possibly meeting the prospective parents? Yes

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

I believe once I donate, the eggs are no longer mine, they are the IPs, so my opinion won't really matter, and I am fine with that. I would not be able to answer this question one way or the other because I have never been through it myself, so I feel my answer is not applicable.

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 would allow this as long as it is not anyone near my hometown or surrounding areas

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?

Yes, as long as my name is never brought to the public. Once those embryos are created, they are no longer mine, so I have no real concern what is made of 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?

I am fine with this

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

I think it is a wonderful idea. I was a surrogate who carried 2 embryos made from donor eggs!

Is there a message you would like to leave for your prospective parents? I would just like to say thank you for wanting a child so badly you are deciding on possibly choosing me to help you achieve your dream. I have been on the other side of the fence and delivered 2 babies who would not be here if it wasn't for a donor. I admire your strength and love and wish you nothing but happiness. I pray your arms are filled with a baby to love as a result of my donation!

## 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: 8/22/11\_\_\_\_\_

I \_ give An Eggceptional Match, LLC full authority to include my photographs on its web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors and assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_8/22/11\_\_\_\_\_

Witness to Signatures above: \_\_\_\_\_

Date: \_\_\_\_\_8/22/11\_\_\_\_\_

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						Had this only with my twin pregnancy
BLOOD							
A. anemia	x						Had this only with my twin pregnancy
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					X- maternal Grandmother		Heavy smoker
D. tuberculosis							
E. lung cancer					x-maternal grandmother		Heavy smoker
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones							
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer							
G. ulcerative colitis							
H. Crohn’s disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
<b>NEUROLOGICAL</b>							
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							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
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							
<b>SIGHT/SOUND/SMELL</b>							
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							
<b>SKIN</b>							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
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							