

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

**Donor Number: 0314** (For Agency Use Only)

Today's Date: August 24, 2010

Date of Birth: May 8, 1982

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

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

Full Legal Name and any aliases: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Insurance Co: Aenta

Address: \_\_\_\_\_ City: Yardley State: PA Zip: \_\_\_\_\_

Home Phone: n/a 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? ☐ Yes ☐ 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? \_\_\_\_\_

Who may we contact in case of an emergency? \_\_\_\_\_

Relationship mother Ph: \_\_\_\_\_

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

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

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

Do you have medical insurance? **Yes**      No

If so, provide name of your health plan and identification number: \_\_\_\_\_

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: 29      Height: 5'2"      Weight: 120lbs      **Measurements:** Bust 32      Hips 36 Waist 34

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Ukrainian/Russian/Jewish

Mother's Side: Ukrainian/Russian/Jewish

Father's Side: Ukrainian/Russian/Jewish

Blood Type: O+ (+ or -)      Place of Birth: Ukraine

What celebrity do people most commonly say you look like? Meryl Streep, Jessica Alba

**\*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**

<b>Body Type/Bone Structure:</b>		small	medium	large		
<b>Hands:</b>		right-handed	left-handed	ambidextrous		
<b>Eyes:</b>	*Color	brown	hazel	green	blue	
	*Set	narrow	average	wide		
	*Size	small	average	large		
	*Shape	round	oval	almond		
	*Shade	light	medium	dark		
<b>Hair:</b>	*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		
<b>Nose:</b>	*Size	small	medium	large		
	*Width	narrow	average	wide		
	*length	short	average	wide		
	*Nostril Flare	small	average	wide		
<b>Cheekbones:</b>	*Set	low	average	high		
	*Prominence	slight	medium	strong		
<b>Mouth:</b>	*Size	small	average	large		
	*Lips	thin	average	full		
<b>Chin:</b>	*Shape	square	oval	round		
	*Prominence	slight	average	strong		
	*Cleft	none	slight	medium		
<b>Skin:</b>	*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_____						
<b>Other Facial Features:</b>						
	*Moles	none	one	several	numerous	
	*Freckles	none	several	moderate	numerous	
	*Dimples	none	slight	medium	deep	
<b>Eyesight:</b>	*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? 11 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28 days How long do they last? 3-4 days

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

Method of birth control? birth control – since in the cycle, but usually condoms 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
1.2008	♂/ Vag and no drugs				

Any complications?

No

## 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?
June 2010	20	13	Yes w/ SET	Due March 22, 2011
Sept 2010	pending			

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle?  
8

What is the compensation you are asking for your donation? \$10,000 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \$10,000

Will you require missed wages from work? Yes (negotiable)

If yes, what is your hourly wage? \$30 How many hours per week do you work? 40

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

During travel assignments, will you: ( ) Drive yourself to the airport and require parking reimbursement  
( ) Take a taxi or shuttle and require reimbursement  
( X ) Have someone drop you off and require NO reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? Yes X No

## MEDICAL HISTORY

Have you ever had any surgeries? **NO** If so please list type and date: n/a

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

If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? No If yes, please explain: \_\_\_\_\_

Have you been exposed to radiation or toxic chemicals in your work or personal life? No

Have you ever had a reaction to anesthesia? No If yes, please explain reaction in detail:

\*Do you smoke cigarettes? No Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit \_\_\_\_\_

Do you now or have you ever taken recreational drugs? No If so, What? \_\_\_\_\_

Do you drink alcohol? Yes If yes, how many drinks per: day? \_\_\_\_\_ week? 1-2 month? \_\_\_\_\_

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:

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 If yes, for how long?  
7 years

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

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

If yes, when and what was your treatment regimen?

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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 : abnormal Pap, and just have to do follow-up checks every 6 month

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

**\*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: 3.9 \_\_\_\_\_)  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: Business Administration \_\_\_\_\_  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: MBA \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: 1090 ACT's: \_\_\_\_\_ College GPA: 3.8

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>Penn State</u>	<u>2000-2003</u>
2.	<u>LaSalle</u>	<u>2006-2009</u>
3.	_____	_____

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

Dean's List or Honor Roll? YES in high school and college

As an adult I am most proud of: finishing school, having a great career and a beautiful family

Currently I have a career in: financial analysis in retail industry

I have been in this profession for 7.5 days/mos/years

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

Languages: Speak: Russian/English  
Read: Russian/English  
Write: Russian/English

I consider myself: Athletic Active Average Inactive

Physical activities include: zumba, dancing, running, biking, jogging

Have you excelled in any physical activities? yes, dancing, gymnastics

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: healthy and fulfilling

Other skills or talents? salsa dancer

Do you show artistic or musical ability? No If yes please explain:

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Blue	5'6"/ 135lbs	Fair	50		
Father	Brown	Brown	5'8"/ 185 lbs	Medium	54		
Sister: 1.	Brown	Hazel	5'5"/ 120lbs	Medium	21		
Maternal Grandmother	Brown	Blue	5'4"/170lbs	Fair		84	Internal bleeding during operation
Maternal Grandfather	Brown	Hazel	5'5"/120lbs	Fair	89		
Paternal Grandmother	Brown	Hazel	5'5"/ 140 lbs	Medium		69	leukemia
Paternal Grandfather	Brown	Brown	5'10"/ 190lbs	Medium		65	Heart problems, didn't get bypass as needed as he had blocked arteries
Children: (If Any) 1.	Brown	Brown	26 lbs	Medium	2		

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) \_\_Yes\_\_

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

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

Tay-Sach's (Jewish) \_Yes\_\_\_\_\_

Fragile X \_\_\_\_\_

Spinal Muscular Atrophy \_\_\_\_\_

If yes to any of the above, were you determined a carrier? \_\_\_\_No\_\_\_\_\_

How would you describe your personality and temperament? I am very outgoing and loyal, but can also be very stubborn and determined. I tend to always go for what I want and like to learn from my own mistakes.

What is your philosophy of life? To always have a positive outlook and enjoy everything that life has to offer, since we only live once. I try not to stress over small things and smile every day!

What qualities and characteristics would you hope the recipient parents possess? I would like the parents to be hands on people and to be active and to love each other. I want them to be able to provide a good life to their children. I want them to be honest and open and outgoing. I want them to be surrounded by lots of friends, family and to have a lot of support as they will need it.

How does it make you feel at the possibility of their offspring knowing about the donation? I welcome this and believe that children should be told the truth about their creation. In the long run, I think I would want my daughter to know that she has siblings and for her to be able to get to know them if that's what they/her choose to do when they get older.

How would you describe your childhood? Growing up in former USSR, I didn't have many toys, but I was always surrounded by friends. I spent a lot of time outside, playing, running and just being a kid. I enjoyed traveling with my parents and spending time with my grandparents. I liked school and participated in lots of activities.

What is the earliest memory you hold as a child? Going on vacation to a resort with my family when I was 2.5.

What was it like growing up in your family? It was fun. My parents are very social, so we always had friends over. We always traveled and saw new places. We spent a lot of time together as a family and still do.

What religion did you belong to as a child? Jewish

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

My favorite thing to do was: gymnastics

At home I was expected to: take care of my sister

My parents were strict about: not fighting with other children

My parents taught me to value: what we have and what my parents were able to afford

What I loved most about my father was: his determination

What I loved most about my mother was: how caring she was

My favorite relatives were: my uncle who always brought me candy

I loved to visit: a resort by the Black Sea

In comparison to others I was: strong willed and energetic

### **Your Teenage Years:**

Describe yourself as a teenager: I was rebellious and didn't really care to fit in. I didn't like to be pressured into anything and didn't agree to doing crazy things just to be popular. I concentrated on school and just enjoyed hanging out with my old friends.

Describe your achievements: I always did good in school, traveled to Italy and Moldova through an exchange program, participated in clubs and sports.

Did you do poorly at anything? History classes – I just wasn't into it.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Not really

What do you hope to achieve by volunteering in an egg donor program? I want to help another couple create a family and to know that I was able to be a part of such a miracle.

What message would you like passed on to the recipient of your eggs/their offspring? For them to be thankful that their parents went through all this just to have a child and if they ever wanted to meet me that I will be open to this.

What helped you decide to become an egg donor? When I found out about my friends' struggles and the existing world of infertility. I thought that I can make a difference by helping somebody.

Do you consider yourself a reliable person? Yes, always

Do you consider yourself a punctual person? Yes and I don't like it when people are late

Would you describe yourself as a religious or spiritual person? I am more spiritual and believe in positive energy and that everything happens for a reason.

Do you have any ethical, moral or religious reservations about being an egg donor? None

What are your personal goals? Have you achieved any of these goals? I always wanted to have a good career and a family and I have all of this. I am not building my life around my family and enjoying every moment with them.

What do you see yourself doing in the next 5-10 years? I can see myself owning my own business, having 4 kids with my husband, a cozy house and lots of pets.

What would you like your recipient couple to know about you that has not already been asked? I want them to know that I hope they chose me as their egg donor and for them to get a chance to get to know me better as you can't tell who the person is until you actually meet them, talk to them, etc. I am very social and enjoy being around people.

What is your favorite color? Blue

Favorite type of food? Sushi

Favorite movie? Dirty Dancing

Favorite type of music? Depends on the mood – I like all music

Favorite Book? Angels & Demons

Would you be willing to donate to gay or single prospective parents? \_\_Yes\_\_ Please specify: as long as they have a good support in place, as I want to make sure they are prepared for having children and will have lots of help

Would you be willing to meet a child conceived as the result of your donation? \_\_Yes\_\_ Please elaborate: I would welcome the chance to meet the child in the future.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? Yes, I am looking for a know donation and would like a chance to communicate with the prospective parents and for them to learn more about me and for me to get to know them better as well.

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

I believe selective reduction would be necessary if there are any birth defects or if the life of the carrier is in danger. However, this would be a choice for the prospective parents.

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?

Since I am looking for a known donation, I would want to know who the recipients are and for them to get my permission prior to donation the embryos. However, I think this is a great thing to do, so that more couples could have a child and embryos are not “wasted”.

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research or destruction of such remaining embryos? I am ok with having embryos donated to research or destructed and will sign the consent.

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 rather know the outcome so I would not be ok with such a clinic.

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

Is there a message you would like to leave for your prospective parents? Dear Intended Parents – I want to let you know that I will feel very honored if you choose me as your egg donor. I also hope that you would welcome the chance to get to know me better. I want you to know who I am, where I come from and more about my personality and values in life. I hope that you will be honest with your child/ren about their creation and will give them a chance to know about me and who I am. I also hope that my daughter will one day get a chance to meet her half-siblings. Please know that I will always be thinking of you and hope that you will keep me updated throughout your journey and after as well!

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.

<b>HEART</b>	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle					x		PGF – blocked arteries – needed bypass but never got it
D. hardening of the arteries							
E. high blood pressure					x		At old age
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia					X		PGM – started at age 65, dies 4 years later
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
<b>GASTRO-INTESTINAL</b>							
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.							
<b>METABOLIC/ENDOCRINE</b>							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
<b>URINARY</b>							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
<b>GENITAL/REPRODUCTIVE</b>							
A. undescended testicle							

B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							
<b>NEUROLOGICAL</b>	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							
<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							

12/2007

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

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	No	
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Have you ever been diagnosed with hepatitis?	Yes	No	
<hr/>			
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?
<hr/>			
Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	No	if so, when?
<hr/>			
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?
<hr/>			
Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No	
<hr/>			
Do you have a history of changes in cognition, speech or gait?	Yes	No	
<hr/>			
Have you ever received a blood transfusion?	Yes	No	if so, where?
<hr/>			
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	
<hr/>			
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	
<hr/>			
From 1980 to present, have you spent time that adds up to 5 years or more in Europe?	Yes	No	if so, where?
<hr/>			
Were you born in or have you lived in any of	Yes	No	If so, when?

the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?

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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
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Have you ever had sexual contact with anyone who was born or lived in Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?	Yes	No
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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?
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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	No
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Have you ever received a human organ, tissue transplant or human extract?	Yes	No
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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:

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Donor's Signature:

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Date: 

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I 

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 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:

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Date: 

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Witness to Signatures above:

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Date: 

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