

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

Donor Number: 0270 (For Agency Use Only)

Today's Date: 7/16/09

Date of Birth: 06/14/1980

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

Full Legal Name and any aliases:

Social Security #: _____

Insurance Co: Tricare

Address: _____ City: Colorado Springs State: CO Zip: _____

Home Phone: _____

Work Phone: _____

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

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 (X) rarely

Are text messages permissible and if so at what telephone numbers? Yes (X) 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? As soon as possible

Who may we contact in case of an emergency?

Relationship Spouse Ph:

Who may we contact in case your demographics change? Dawn Yoo Ph:

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 (X) No

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

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

Do you have any lawsuits or other legal claims pending against you? Yes No (X)

Have you ever filed bankruptcy? Yes No (X) If so, when? _____

Have you ever been convicted of a crime? Yes No (X) If yes, please provide details including date, name of criminal offense, date of conviction, location, etc.:

PHYSICAL CHARACTERISTICS

Age: 31 Height: 5'0 Weight: 108 Measurements: Bust 34 Hips 33 Waist 28

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

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

Mother's Side: Irish & German

Father's Side: Sicilian

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

What celebrity do people most commonly say you look like? N/A

***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 _____	
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 sucked my finger as a baby		
	*Age during use	12 to 14 years of age					

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? 32 -34 days

How long do they last? 5 days

Do you experience cramps? None Mild Average Severe

Method of birth control? No

If none, in the past? Seasonel

Have you ever been pregnant? Yes

If yes, did you have trouble conceiving? No

Have you ever been treated for infertility? Yes

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
1.2007	N/A	X			
2.					
3.					
4.					
5.					
6.					

Any complications? Miscarried at 7 weeks

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)? **N/A**

If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? \$5,000.00 (1st time donors \$5,000)

What is the least amount you would consider? N/A

Will you require missed wages from work? **N/A**

If yes, what is your hourly wage? _____

How many hours per week do you work? _____

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**

2. _____

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/Latex

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?

None

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? 9 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?

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 Leep Procedure

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

Prenatal Vitamins

***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: 3.5)
Currently in College pursuing a degree in: _____
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: Dental Assisting

Test Scores: SAT's: 810 ACT's: 3.13 College GPA: 3.5

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. Cumberland County College	1998-2003
2. _____	_____
3. _____	_____

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

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: Hardworking and being Reliable

Currently I have a career in: Paralegal/Accounting

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: Running, Hiking & Working out at the gym

Have you excelled in any physical activities? Yes

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Good

Other skills or talents? Played Soccer, Dance & the Piano as a child

Do you show artistic or musical ability? Yes If yes please explain: Played the Piano/Paint Crafts

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Red/Brown	Green	4'11	Med- Light		55	Multiple Sclerosis
Father	Black	Brown	5'9	Olive	60		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Brown	Blue	5'4	Medium	35		
2.	Brown	Blue	5'2	Medium	27		
3.	Brown	Green	5'4	Olive	25		
4.							
Maternal Grandmother	Brown	Blue	5'2	light		77	Cancer
Maternal Grandfather	Blone	Blue	5'9	light	81		
Paternal Grandmother	Brown	Brown	5'5	medium	80		
Paternal Grandfather	Black	Brown	5'8	Olive		75	Brain Tumor
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? **Yes** If yes, how many sets? 2

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) **Yes**

Tay-Sach's (Jewish) _____

If yes to any of the above, were you determined a carrier? **No**

How would you describe your personality and temperament? Funny, outgoing, love to laugh, easily accept change and moving around

What is your philosophy of life? Sometimes you are dealt with hard situations, but you need to learn from each of them and as long as you are trying your best you will be successful in life.

What qualities and characteristics would you hope the recipient parents possess? Loving, Kind, Caring, Responsible

How does it make you feel at the possibility of their offspring knowing about the donation? I don't have any issues about the offspring knowing about the donation

How would you describe your childhood? Fun and fulfilled with great experiences

What is the earliest memory you hold as a child? 2 years old

What was it like growing up in your family? Awesome! My family is very close. We ate dinner with each other every night. We planned a lot of trips every year and had an open communication with one another.

What religion did you belong to as a child? Methodist

When I Was A Child:

My favorite thing to do was: Dance & Sing, Play outside & Make forts

At home I was expected to: Clean my room, be respectful & complete homework

My parents were strict about: Cleaning, Being respectful & getting good grades

My parents taught me to value: Family & Relationships

What I loved most about my father was: Very funny, Smart, Loving & Hard Working

What I loved most about my mother was: Very kind hearted, Loving & Hard Working

My favorite relatives were: Cousins, Aunt & Uncle and my Grandparents

I loved to visit: Family & Friends

In comparison to others I was: Caring, cognizant of others feelings & responsible

Your Teenage Years:

Describe yourself as a teenager: Hardworking, loved to hang out with friends & family, motivated

Describe your achievements: I got good grades in school, I have lived on my own since 18 years old, I have a wonderful husband and family and a successful career.

Did you do poorly at anything? I feel that I always tried my best at everything I did.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? None

What do you hope to achieve by volunteering in an egg donor program? I hope that I can help a family with a blessing of a child.

What message would you like passed on to the recipient of your eggs/their offspring? I understand how much of a blessing a child brings. If I can help someone to achieve that blessing, I would be more than willing to do so. It makes me happy to know that I can help someone in need.

What helped you decide to become an egg donor? I know how important family is and I would love to help someone else in achieving that dream.

Do you consider yourself a reliable person? Absolutely

Do you consider yourself a punctual person? I feel I am very reliable and responsible.

Would you describe yourself as a religious or spiritual person? Spiritual & Religious

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? My personal goals are being happy and traveling. I feel I have fulfilled my goals but I am always setting new ones.

What do you see yourself doing in the next 5-10 years? Traveling a lot more and enjoying life with my family.

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

What is your favorite color? Blue & Green

Favorite type of food? Italian

Favorite movie? Back to School & The Proposal

Favorite type of music? Everything

Favorite Book? Lover Avenged

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

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If the parents decide that that is something they would like I am open to meeting the child.

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

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

I feel that it is the parent's ultimate decision

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

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? Yes

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? It is ultimately their decision

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

I feel that if that is what they decide to do to help them with a child then that is great.

Is there a message you would like to leave for your prospective parents?

Dear Prospective Parents,

My name is *****and I live in Colorado. I come from a very loving and supportive family. I understand the importance of a family and how much joy a child brings. I hope that I can help you to achieve the blessing of a child. I am always willing to help anyone in need and it makes so happy knowing that I can help someone in this way. If you have any further questions please feel free to ask.

Sincerely,

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		Paternal Grandmother
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones							
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer					X		Maternal Grandmother
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
NEUROLOGICAL							
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis		X					
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease							
N. other diseases of the nervous system							
MENTAL HEALTH							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
MUSCLE/BONE/JOINTS							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
SIGHT/SOUND/SMELL							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
OTHER							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

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 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
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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?
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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**

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**

(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: 7/21/09

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: _____