

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

Donor Number: # 0180 (For Agency Use Only)

Today's Date: 12/15/2010

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

Date of Birth: 10/22/1980

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

Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_ City: Aurora State: CO Zip: \_\_\_\_\_

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

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

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

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

I check my email: all day 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:

Who may we contact in case of an emergency? \_\_\_\_\_ 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 Are you willing to travel for an egg donation? A Little

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: 30 Height: 5'4" Weight: 145 **Measurements:** Bust 36 Hips 28 Waist 40

Eye Color: Brown Natural Hair Color: Brown Build: (Pls. Circle) Small **Med** Large

Blood Type: O + or - Hair: (Circle all that apply) Straight Curly **Wavy** Thick **Thin** Coarse

Skin Color: (Circle all that apply) Fair **Med** Dark Olive Do you tan easily? Yes Burn? A little

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

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

Mother's Side: Hungarian, Native American

Father's Side: Scottish

## DETAILED CHARACTERISTICS (Circle all that apply)

**Hands:** Small **Medium** Large **Right handed** Left handed Ambidextrous

**Eyes Set:** Narrow **Average** Wide/ Do you wear corrective lenses? Yes

**Nose:** Small **Med** Large/ Narrow **Average** Wide/ Short **Average** Long

**Mouth:** Small **Average** Large/ **Lips:** Thin Average **Full**

**Chin Shape:** Round **Oval** Square/ **Cleft:** **None** Slight Average Prominent

**Skin:** Normal Oily Dry **Combination** **Acne:** None **Slight** Average Severe **At Age: \_\_\_\_\_**

**Dental:** Do you wear braces? No Have you ever worn braces? No Reason? \_\_\_\_\_

**Other Distinguishing Marks:** **Dimples** **Freckles** Moles Birthmarks Scars

## 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? @ 28 How long do they last? 5 days

Do you experience cramps? Mild **Average** Severe

Method of birth control? None If none, in the past? Depo-Provera, Ortho Novum

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	Vaginal/Male				
2.					
3.					
4.					

Any complications? No Complications

MEDICAL HISTORY

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

1. Thyroidectomy-March 2004

2. \_\_\_\_\_

Have you ever had a blood transfusion? No If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? Yes If yes, please explain: Asthma when I was 5

Have you ever had major radiation or x-ray exposure? Yes If yes, please explain: Radioactive Iodine

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? 1

Do you have any allergies to drugs or environmental exposures? Yes Pls. explain: Dust, dust mites, pet dander

Describe any childhood allergies that you have outgrown: N/A

Do you have any medical illnesses (diabetes, asthma, etc...)? Asthma If yes, pls. explain: \_\_\_\_\_

Please list all prescription or over the counter medications including dosage you are currently taking: Synthroid 150 mg, Serevent, Albuterol

**\*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? No If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?

Were their embryos left to cryopreserve (freeze)? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

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

What is the least amount you would consider? \$4500

Have you been sexually active in the past 6 months? No

Are you currently sexually active? No If yes, is it a monogamous relationship and for how long? \_\_\_\_\_

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? Yes If yes, please explain treatment Abnormal pap due to HPV virus.

**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
- ☐ None of the Above

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: 3.5)  
Currently in College pursuing a degree in: Organizational Mgmt.  
Completed College with degree in: Culinary Arts (A.A.S.)  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: 1010      ACT's: \_\_\_\_\_      College GPA: 3.2

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: My son, Tyler

Currently I have a career in: Dietary Management

Hours per week I work : 40    I have been in this profession for 5 days/mos/years

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

Languages I speak other than English: German, Spanish

I consider myself: Athletic    Active    Average    Inactive

Physical activities include: Yoga, jogging

I would describe my diet as: Balanced

Other skills or talents? Artistic, creative

Do you show artistic or musical ability? Yes If yes please explain: Published artist, drawing, painting, sculpture.

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**\*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

	Eye Color	Hair Color	Height Weight	Complexion	Age If Living	Age at Death	Cause of Death
Mother	Green	Brown	5'0" 186	Fair	48		
Father	Hazel	Brown	5'7" 165	Med	48		
Brother: 1.	Green	Brown	5'6" 185	Fair	27		
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Green	5'3" 198	Fair	68		
Maternal Grandfather	Blonde	Blue	5'6" 220	Fair	74		
Paternal Grandmother	Brown	Brown	5'3" 186	Med		72	Brain Tumor
Paternal Grandfather	Brown	Hazel	5'7" 155	Med		76	Lung Cancer
Children: (If Any) 1.	Brown	Dk. Brown	30 in 30 lbs	Med	2		
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? Yes If yes, please identify all such diseases and explain in as much detail as possible: Asthma

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: NO

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? N/A

How would you describe your personality and temperament? I am an optimistic person who likes to laugh. I am hard working and creative who craves social interaction.

What is your philosophy of life? Life is what you make of it. I can wake up and think what a horrible day I'll have or I can make it better than yesterday.

Why did you decide to become an egg donor? When I was pregnant with my son, I met a really nice couple who couldn't conceive; I wanted to help but I couldn't at the time. Now that I can, I want to more than anything!

Explain how you believe egg donation works: A couple puts forth traits they are looking for and a donor is matched according to that.

What qualities and characteristics would you hope the recipient parents possess? Patience, the ability to love and care for a child and selflessness.

How does it make you feel at the possibility of their offspring knowing about the donation? I think it would be great for the parents to be that honest with their offspring.

How would you describe your childhood? I was a happy child. Active in sports and I love school. I thought I had the best kindergarten teacher in the world ☺

What is the earliest memory you hold as a child? When I was three, I remember I had a friend who only ate grits with bacon, it was something very different to me and it just stuck for some reason!!

How would you describe your teenage years? I had a great time as a teen. I was interested in art and exploring the culture around me.

Give an example of a problem you encountered as a teenager and how you handled it: One problem that I had as a teen was over applying myself to the point where I would stretch myself thin. I wanted to do a little bit of everything from math analysis and physics to swimming and wrestling. It got to a point that I was really stressed out so I obviously had to re-evaluate my situation. I sat down with my mom and talked about what I really wanted and what I enjoyed the most. My solution was to pick some of the things up at a later time and do what mattered to me most.

Do you consider yourself a reliable person? Very

Do you consider yourself a punctual person? Yes

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

Would you describe yourself as a religious or spiritual person? Yes, I believe in a high spiritual being and we all have ethical/moral obligations.

Do you have any ethical, moral or religious reservations about being an egg donor? None. I believe that it could not be more ethical than to help others in their time of need.

What are your personal goals? Have you achieved any of these goals? My goals are to be successful at whatever I do, be happy and be the best mom that I can. I am very successful in managing people and up scaling culinary departments. I am happy and everyday I am tested on the last goal but I love it.

What is your favorite color? Red

Favorite type of food? Anything edible (I love food!)

Favorite movie? "Moving"

Favorite type of music? Any, but not big fan of classical

Favorite Book? The Power of One

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Single parent, I believe that one person can/might do a better job than two.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I would find it very interesting to meet a child I helped create.

Would you be interested in possibly meeting the prospective parents? Yes, I would find that interesting as well. I think it would be more positive for the couple because many things look good on paper, seeing someone/something, makes it real.



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

I do not think aborting a fetus due to anomalies is morally right, especially going through such time/effort to conceive.

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 feel that would be a very generous 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?

I think the remaining embryos should be donated to scientific research if another infertile couple could not be found. Yes.

Some clinics have their intended 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'd like to know that the embryos go to a useful purpose.

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

I think that is fine. Whatever method would be acceptable for them.

Is there a message you would like to leave for your prospective parents? I wish you well in your adventure of having a child. I know everyday brings new surprises for me and I wish you the same. What a beautiful blessing it is to have a child. I wish you health and happiness.

### CONSENT FORM

Under the penalty of perjury, I attest that all of the information I have provided in my donor application is true and complete to the best of my knowledge. I also have a good understanding of the commitment involved in the egg donation process.

Donor's Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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					x		MGF-Overweight from lifestyle
B. heart attack					x		
C. heart disease					x		
1. from birth							
2. lifestyle					x		
D. hardening of the arteries							
E. high blood pressure					x		MGM (Stress)
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma	x	x					Self DX 3 mos mother 8 yrs
C. emphysema							
D. tuberculosis							
E. lung cancer					x		PGF (Smoker)
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					x		MGF (Lifestyle)
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease	x						Unknown cause
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							

	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							