

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

**Donor Number: 0295** (For Agency Use Only)

Today's Date: 3/31/2011

Date of Birth: 10/18/1984

How did you hear of An Eggceptional Match? (If website, pls. specify): Referred by \*\*\*\*\*

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

Social Security #: Available on Request Insurance Co: Blue Shield of California

Address: City: Fayetteville State: AR Zip: \_\_\_\_\_

Home Phone: NA Work Phone: NA

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? NO 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? Immediately

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

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

Who may we contact in case your demographics change? Same 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: 28      Height: 5'8"      Weight: 145      Measurements: Bust 36      Hips 39      Waist 29

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

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

Mother's Side: Irish

Father's Side: Irish, Scottish, Cherokee

Blood Type: O pos (+ or -)      Place of Birth: Ardmore, OK

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

**\*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 _____	
	*Age during use _____ to _____ years of age					

### REPRODUCTIVE HISTORY

Age at first period? 12 Are your cycles regular? Yes

How long are your cycles from day one to the next day one? 29 How long do they last? 3 days

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

Method of birth control? None If none, in the past? Oral Contraceptives

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. 2005					X
2. 2009					X
3.					
4.					
5.					
6.					

Any complications? No

## 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)? \_\_\_\_\_ If yes, approximately how many per cycle? \_\_\_\_\_

What is the compensation you are asking for your donation? \$6000 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \_\_\_\_\_

Will you require missed wages from work? Yes

If yes, what is your hourly wage? \$10.00 How many hours per week do you work? 45-60

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. Tonsillectomy/Adenoidectomy 1992
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? No If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? Yes Pls. explain: Trees, Pollen, etc

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? No If yes, is it a monogamous relationship? Yes No

If yes, for how long? \_\_\_\_\_

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? HPV Valtrex 1 GM daily (previous unfaithful partner).

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 2006 Abnormal pap; no treatment; last three Paps normal

Please list all prescription or over the counter medications including dosage you are currently taking: Claritin 10 MG, Singulair 10 MG, Valtrex 1 GM

**\*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: 4.0)  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: Audio Engineering /Marketing  
Currently pursuing advanced degree in: Law  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: 33 (math 31/reasoning 36) College GPA: 3.15

\*I also scored well on the LSAT: 161, which I will take again this summer in hopes of breaking the 170 mark.

\*update: Made Dean's list summer 2011

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Middle TN State University</u>	<u>2006-2008</u>
2. <u>University of Arkansas</u>	<u>2002-2005</u>
3. <u>University of Arkansas</u>	<u>2011-Present</u>

What was your favorite subject in school? English Your least favorite? Science

Dean's List or Honor Roll? Both. Always.

As an adult I am most proud of: my resilience. Nothing stops me.

Currently I have a career in: software renewals.

I have been in this profession for 2 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, weight training, tennis

Have you excelled in any physical activities? Yes, I was a rower in college, and I had quite a knack for it.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: healthier than the average American. Sure, I eat some junk food, but I love veggies.

Other skills or talents? I sing, play guitar and piano, and I have a way with the written word.

Do you show artistic or musical ability? YES! If yes please explain: I'm a singer/songwriter.

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'5" 140	Medium	50		
Father	Brown	Blue	5'10" 160	Medium	51		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Brown	Brown	5'6" 130	Medium	27		
2.							
3.							
4.							
Maternal Grandmother	Brown	Green	5'9" 140	Medium	71		
Maternal Grandfather	Brown	Brown	5'11"	Medium		57	Complications from pneumonia
Paternal Grandmother	Brown	Blue	5'6"	Medium	75		
Paternal Grandfather	Brown	Blue	6'2"	Medium		75	Alzheimer's
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? None 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) No  
Sickle Cell (African American) No  
Thalassemia (Greek/Italian) No  
Tay-Sach's (Jewish) No

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

How would you describe your personality and temperament? I'm hilarious. ☺ I deal well with stress, and I have a calming effect on the people around me. I strive to be a source of joy for others. It takes a lot to make me angry.

What is your philosophy of life? Do right by others. The rest just falls into place.

What qualities and characteristics would you hope the recipient parents possess? Great parents facilitate a good life for their children without micromanaging that life. My sister and I were truly good kids, and my parents made a point to give us room to pursue anything. I started playing clarinet in 6<sup>th</sup> grade. I was awful. In 7<sup>th</sup> grade, I asked if I could quit band and join choir. Instead of grandstanding on some principle of "not being a quitter," my parents allowed me to do so. I won award after award for my voice, and to this day, I sing everyday. I would hope the recipient parents would know when to push and when to get out of the way!

How does it make you feel at the possibility of their offspring knowing about the donation? I would have no problem with that.

How would you describe your childhood? It was great. I was loved and provided for, and I would be a fool to complain.

What is the earliest memory you hold as a child? I don't know that it's my earliest memory, but I vividly remember a little bicycle/gravel road incident that left me with a scar on my forehead.

What was it like growing up in your family? Fun. My family is very entertaining. My dad traveled frequently for work, but we were still close. We had our moments, but for the most part, we spent a lot of time together because we genuinely enjoyed one another. I still talk to my parents and sister almost daily.

What religion did you belong to as a child? Christian

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

My favorite thing to do was: Pretend! I played school quite often, but I also liked to go outside and have pretend adventures in the back yard.

At home I was expected to: be a kid.

My parents were strict about: keeping the kitchen clean. To this day, I hate cleaning the kitchen!

My parents taught me to value: education. My mother and grandmother both graduated from college when I was old enough to recognize the importance of the accomplishment.

What I loved most about my father was: his sense of humor. He's almost as funny as I am.

What I loved most about my mother was: everything. My mom is incredible.

My favorite relatives were: my aunt Paula and uncle Jay. They traveled internationally and always had the coolest souvenirs.

I loved to visit: Lake Norfolk. I'm a water bug. Skiing is not my forte', but you're hard-pressed to throw me off a tube.

In comparison to others I was: more outgoing. I've never met a stranger.

### **Your Teenage Years:**

Describe yourself as a teenager: I was involved in everything. My afternoons and weekends were fully-booked, between academics, dance team, FBLA, Beta Club, Student Council, and theatre. I had a good group of close friends, with whom I still maintain contact. While other kids were getting in trouble for drinking, I was making irreverent scary movies with my friends. My parents will tell you they had it easy.

Describe your achievements: I graduated first in my class. I was selected for All-State choir every year in high school, performing as a soloist two of those years. I won the state overall talent competition for Beta Club, singing "Via Dolorosa." I finished in the top ten nationally in the Impromptu Speaking competition for Future Business Leaders of America. I was selected to play the lead role in my school's production of "Footloose." I was named a National Beta Club Scholar. I was awarded the prestigious Honors College Fellowship from the University of Arkansas. I could go on, but I think this answer is getting a bit obnoxious!

Did you do poorly at anything? I was, am, and forever will be one of the most terrifically awful bowlers on the planet.

At an after-prom bowling party, I legitimately bowled a zero. I wish I were making that up.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I was always a good egg. I made straight A's in school, and I stayed out of trouble. Truth be told, I was too busy to get in trouble.

What do you hope to achieve by volunteering in an egg donor program? I hope to play a key role in the formation of a loving family. I am also looking forward to laying a solid financial foundation for my future as a law student.

What message would you like passed on to the recipient of your eggs/their offspring? You're welcome ☺.

What helped you decide to become an egg donor? I've toyed with the idea for a couple of years, and I recently learned that a friend of mine has gone through the process several times with no regrets. What sealed the deal for me, though, (and I should probably be ashamed to admit this) was one of my guilty pleasure television shows. For some reason, I started watching "Teen Mom" on MTV. One couple opted to place their child with adoptive parents. Watching those adoptive parents hold their baby for the first time did the trick. So many people inadvertently become parents. I want to be a part of helping people who desperately want to be parents do so.

Do you consider yourself a reliable person? Absolutely. More importantly, my friends and coworkers do.

Do you consider yourself a punctual person? If you live by the "Early is on-time, and on-time is late" mantra, no. Otherwise, yes, I'm punctual.

Would you describe yourself as a religious or spiritual person? No.

Do you have any ethical, moral or religious reservations about being an egg donor? Not at all.

What are your personal goals? Have you achieved any of these goals? My running goal is to perpetually grow intellectually and personally. I read incessantly, and I am a sponge for information. My short-term goal is just to continue to work hard and prepare myself financially and mentally for law school. I plan to be a member of the Vanderbilt School of Law Class of 2014. For the long-term, I plan to work as an entertainment lawyer, ultimately establishing my own firm with offices in Nashville, NYC, and Southern California. If you're not going to dream big, why bother, right?

What do you see yourself doing in the next 5-10 years? Working. Working. Working. I have a lot to accomplish in the next ten years.

What is your favorite color? Green

Favorite type of food? Sushi

Favorite movie? American Beauty

Favorite type of music? I love it all.

Favorite Book? Tie: "To a God Unknown" by Steinbeck and "The Kite Runner" by Hosseini

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

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I'd be happy to do so. I wouldn't expect it, but if the parents or child felt it necessary, I'd gladly be there.

Would you be interested in possibly meeting the prospective parents? Sure! This is a big decision for both the parents and myself, and I would be completely comfortable meeting them.

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

I think these types of decisions can only be made by the parents in the specific situation.

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?

Raising a child is not inexpensive. Giving birth is not cheap either. I'm a charitable person, but I don't see the point in donating embryos to a couple who cannot afford the treatment. What if there were medical complications associated with the pregnancy, not covered by their insurance? No, I would not consent.

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research or destruction of such remaining embryos?

I would be pleased to have remaining embryos used for scientific research. I would sign a 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 prefer that left over embryos be used for research, though I don't see how not knowing would greatly affect my day to day life.

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

I have no problem with that

Is there a message you would like to leave for your prospective parents? I'm excited to be a part of this process of building your family

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							
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							
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					x		Paternal grandfather
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			x				Hearing loss in one ear
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					x		Maternal grandfather
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

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

In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	Yes	No	
<hr/>			
Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months?	Yes	No	
<hr/>			
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	
<hr/>			
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? Herpes: July 2008
<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**

---

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**

---

Have you ever been excluded as a blood donor?      **Yes**      **No**      if so, why?

---

Have you been diagnosed or suspected to have Chagas' disease?      **Yes**      **No**

---

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**

---

Have you received a bite from an animal suspected for rabies within the last six months?      **Yes**      **No**

---

## 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: 3/31/2010\_\_\_\_\_

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: 3/31/2010\_\_\_\_\_

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

Date: 3/31/2010\_\_\_\_\_