

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

Donor Number: 0163 (For Agency Use Only)

Today's Date: December 18

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

Name: _____ Date of Birth: July 3, 1981

Social Security #: _____ Insurance Co: _____

Address: _____ City: Brandon State: FL 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? _____ If yes, whom? _____

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:

How soon are you able to begin your donation? Depends on when/if I'm chosen

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? Yes

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: 130 lbs **Measurements:** Bust 34 Hips 38 Waist 28

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

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

Mother's Side: Irish

Father's Side: German

Blood Type: A (+ or -)

Place of Birth: Tampa, FL

What celebrity do people most commonly say you look like? Ally McBeal (Got that only once)

Please circle appropriate response:

Body Type/Bone Structure: small **medium** large

| | | | | | | |
|-------------|-----------------|-----------------|---------------------|--------------------|-------------|------------|
| Hands: | right-handed | left-handed | ambidextrous | Left hand dominant | | |
| 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 | |
| | | | Freckles on shoulders and arms | | | |

| | | | | | |
|-----------|--------------|--------|-------------|---------------|-------|
| 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 <u>7</u> to <u>9</u> years of age | | | | | |

| | | |
|--------|---------------|-------|
| Other: | *List | _____ |
| | *Reason/Cause | _____ |

REPRODUCTIVE HISTORY

Age at first period? 10 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 35 How long do they last? 7-8

Do you experience cramps? None Mild Average Severe

Method of birth control? None 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? What is this?? Not sure....

List of pregnancies and outcomes below:

| Year | Delivery ♀ or ♂ Section/Vag | Miscarriage | Ectopic | Blighted Ovum | Termination |
|---------|--------------------------------|-------------|---------|---------------|-------------|
| 1. 1998 | Girl/Vag | | | | |
| 2. 2006 | Boy/ C/S | | | | |
| 3. | | | | | |
| 4. | | | | | |

Any complications? Pre-eclampsia & HELLP in 2006=Low birth Weight 3 lbs 13 oz

MEDICAL HISTORY

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

1. 1996 Cryo, 1999 Breast Augmentation and 2001, Cyst on leg
2. 2002-05 4 egg donations, 2006-C/S

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, Rarely If yes, how many drinks per: day? _____ week? _____ month? 1

Do you have any allergies to drugs or environmental exposures? _____ 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: _____

Please list all prescription or over the counter medications including dosage you are currently taking: Lexapro 5 mg daily, Zyrtec as needed.

***To become an egg donor, you must be completely drug free. You must also be nicotine free for at least 6 mos. You may be tested for this substance at any time.**

Have you ever donated your eggs before? Yes If yes, Please list dates and outcomes:

| Mo/Year | # Eggs Retrieved | # Eggs Fertilized | Did a pregnancy occur? | Did a live birth occur? |
|---------|------------------|-------------------|------------------------|-------------------------|
| 2002 | Anonymous | Anonymous | Yes | Not Sure |
| 2003 | Anonymous | Anonymous | Yes | Yes |
| 2004 | Anonymous | Anonymous | Yes | No |
| 2005 | Anonymous | Anonymous | Yes | Yes |
| | | | | |

My first donation was completely anonymous and the only information given was confirmed pregnancy with twins. My second, third and fourth were for the same couple and completely open with us still in contact. Of those three, the first was a little boy healthy and beautiful to date. The second she miscarried twin boys at 16 weeks just days after the bombing of the London underground. They live in Europe and all was done in London. Extensive testing came back inconclusive, she was 42 at the time. My third and final donation with them resulted in a beautiful healthy little girl, Sarah which we began 6 months after her miscarriage.

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? 2-6

What is the compensation you are asking for your donation? \$9,000 (1st time donors \$5,000)

What is the least amount you would consider? \$9,000

Will you require missed wages from work? _____

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

Will you require childcare reimbursement? _____ If yes, what is the hourly rate? _____ X _____ kids

Have you been sexually active in the past 6 months? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? Yes, 7 years
If no, will your partner consent to standard blood testing? _____

Have you or your partner ever had a sexually transmitted disease? No If yes, when and what was your treatment regimen? _____

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? Yes If yes, please explain treatment Abnormal pap in 2006-Cryo

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: _____)
Currently in College pursuing a degree in: Marketing
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: _____ College GPA: 3.67

Please list names and year of all colleges attended:

| | <u>College</u> | <u>Year</u> |
|----|----------------|------------------|
| 1. | <u>UOP</u> | <u>2002-2006</u> |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

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

Dean's List or Honor Roll? Dean's list thru 12th minus sophomore year

As an adult I am most proud of: My family first, then business

Currently I have a career in: Entertainment

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: Playing with my children

Have you excelled in any physical activities? Weight lifting as a young adult

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Carb Crazy ☺

Other skills or talents? _____

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

***Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open**

between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process.

FAMILY HEALTH HISTORY

| | Hair Color | Eye Color | Height Weight | Skin Tone | Age If Living | Age at Death | Cause of Death |
|--------------------------|------------------|--------------|------------------|--------------|------------------|-----------------|----------------|
| Mother | Light Brown | Green | 5'0" 140 | Med | 44 | | |
| Father | Straw- Blonde | Blue | 5'8" 190 | Fair | 48 | | |
| Brother: 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Sister: 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Maternal Grandmother | Blonde | Blue | 5'3" 105 | Fair- Med | 61 | | |
| Maternal Grandfather | Med Brown | Brown | 5'10" 145 | Med | 63 | | |
| Paternal Grandmother | Blonde | Blue | 5'2" 160 | Fair | 76 | | |
| Paternal Grandfather | Lt. Brown | Blue | 5'10" 160 | Fair | | 53 | Heart Attack |
| Children: (If Any) 1. | Blonde | Blue | 4'3" 78 | Fair | 9 | | |
| 2. | Brown | Hazel | 29" 24 | Med | 13 mos | | |
| 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: PGM-Diabetes, Dad-HBP, Mom and MGM-HBP (all lifestyle choices)

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: MGM had several miscarriages after my mom though.

Have you ever been tested for: I think so for previous donations but not sure

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? ?

How would you describe your personality and temperament? Determined, but sensitive. It takes a bit to sometimes get started on something, but once motivated I go full force and finish. I'm usually the person that my friends and family look to for a shoulder to cry on and for advice. I'm loving and compassionate. I don't anger easily and rarely argue with anyone. I believe in talking through situations. I have an analytical personality. I'm always looking for meaning behind things. I'm definitely a thinker, if that makes sense?

What is your philosophy of life? I would like to touch as many lives as possible in the most positive ways. I fell in love with the movie "Pay it Forward" and wish life could be more like that.

What qualities and characteristics would you hope the recipient parents possess? Very open and loving people. Patient with children. Stable home and flexible schedules to spend quality time with their child(ren).

How does it make you feel at the possibility of their offspring knowing about the donation? I have donated before and we maintain contact. I'm open to whatever they are.

How would you describe your childhood? Not ideal-My grandparents raised me. They pushed me hard to see that I didn't turn out like my parents.

What is the earliest memory you hold as a child? Hurting my ear on table edge at three!!

What was it like growing up in your family? My grandparents are younger than most, so it was like most others with parents. Very educated, focused, loving. My grandma did stress a lot over my mom.

What religion did you belong to as a child? Baptist

When I Was A Child:

My favorite thing to do was: Climb trees and crochet

At home I was expected to: Complete homework but didn't have chores ☺

My parents were strict about: Grades and "wrong" kind of friends

My parents taught me to value: Family, education and success

What I loved most about my father was: Working with him in his shop

What I loved most about my mother was: Hugs on a bad day

My favorite relatives were: Grandparents

I loved to visit: My parents

In comparison to others I was: Smart

Your Teenage Years:

Describe yourself as a teenager: More of an introvert; always right ☺ Pretty typical.

Describe your achievements: Dozens of academic awards over the years; motherhood at 17; successful business at 21.

Did you do poorly at anything? Outdoor sports-I hate the Florida heat and humidity; time management skills could be better.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Very mild acne.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): To help someone else as a sperm donor helped us.

What message would you like passed on to the recipient of your eggs/their offspring? Savor EVERY moment....they are little only a short while!

What helped you decide to become an egg donor? My husband and his infertility.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? 50/50

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? No. More people should give this precious gift!

What are your personal goals? Have you achieved any of these goals? Marriage and children. Yes; self employed; yes; home owner; yes I have everything I need/want, now. I'm working towards retirement and an inheritance for my children.

What do you see yourself doing in the next 5-10 years? _____

What would you like your recipient couple to know about you that has not already been asked? I spend 10-20 hrs a week volunteering in community programs and at my daughter's school.

What is your favorite color? Green

Favorite type of food? Potatoes (any kind)

Favorite movie? What Dreams May Come-Robin Williams, Pay it Forward

Favorite type of music? Oldies

Favorite Book? The Watcher by Dean Koontz

Would you be willing to donate to gay or single prospective parents? No Please specify: I don't mind, but my family is unsupportive.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I'd be honored, but don't expect this.

Would you be interested in possibly meeting the prospective parents? Yes, but not necessary.

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

I'm okay with that. I am a pro-choice believer.

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?

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?

That is their decision to make, not mine.

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

Supportive

Is there a message you would like to leave for your prospective parents? Being in a similar situation facing male factor infertility, I can only imagine what a difficult decision this must be. We spent hours reading profiles and wondering how we could ever decide which one would be the most like him or have the best qualities we could hope to see our child. In the end, we decided to wait, but narrowing hundreds to three with only a few questions to use as a guideline was surly the toughest obstacle I've ever encountered. Knowing the difficulty, I am completely comfortable with a phone "meeting" or meeting in person if that would help in the least in your decision. I would feel better knowing that you were absolutely sure in picking me and will do whatever necessary to accommodate that.

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.

| 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 | | x | | |
| 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 | x | | | | | | |
| 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 | | | | | x | | |
| 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 | X briefly as a teen | | | | | | |
| 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 | | | | | | | |
| MENTAL HEALTH | | | | | | | |
| A. schizophrenia | | | | | | | |
| B. bipolar or manic depressive | | | | | | | |
| C. depression | | x | | | | | |
| 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 | | | | | | | Great grandmother |
| 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 | | | | | X removed from right cheek of face at age 49 | | |
| 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 | | | | | | | |

