

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

Donor Number: **# 0138** (For Agency Use Only)

Today's Date: 12/15/2010

Name: Heather

Date of Birth: 02/22/1984

Social Security #: _____ Insurance Co: Tricare Prime

Address: _____ City: Little Elm State: TX Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a Message at (Pls. Circle): xCell

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? Yes 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? ASAP

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: 27 Height: 5'4" Weight: 125 lbs **Measurements:** Bust 37" Hips _____ Waist 25"

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

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

Mother's Side: Very mixed

Father's Side: Russian

Blood Type: O (+ or -)

Place of Birth: Van Nuys, CA

What celebrity do people most commonly say you look like? Reese Witherspoon

Please circle appropriate response:

Body Type/Bone Structure:		<u>small</u>	medium	large		
Hands:		right-handed	<u>left-handed</u>	ambidextrous		
Eyes:	*Color	brown	hazel	green	<u>blue</u>	
	*Set	narrow	<u>average</u>	wide		
	*Size	small	<u>average</u>	large		
	*Shape	<u>round</u>	oval	almond		
	*Shade	light	<u>medium</u>	dark		
Hair:	*Natural Color	<u>blond</u>	brown	black	red	other _____
	*Color as child	<u>blond</u>	brown	black	red	
	*Shade	light	<u>medium</u>	dark		
	*Type	<u>straight</u>	wavy	curly		
	*Fullness	<u>thin</u>	medium	thick		
	*Texture	<u>fine</u>	medium	course		
Nose:	*Size	small	<u>medium</u>	large		
	*Width	narrow	<u>average</u>	wide		
	*length	short	<u>average</u>	wide		
	*Nostril Flare	small	<u>average</u>	wide		
Cheekbones:	*Set	low	<u>average</u>	<u>high</u>		
	*Prominence	slight	<u>medium</u>	strong		
Mouth:	*Size	small	<u>average</u>	large		
	*Lips	thin	<u>average</u>	full		
Chin:	*Shape	square	<u>oval</u>	round		
	*Prominence	slight	<u>average</u>	strong		
	*Cleft	none	<u>slight</u>	medium		
Skin:	*Tone	<u>light</u>	med-light	medium	med-dark	dark olive
	*Tan Ability	none	slight	<u>medium</u>	easy	
	*Condition	<u>normal</u>	dry	oily	medium	combination
	*Acne	<u>none</u>	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				
Other:	*List _____				
	*Reason/Cause _____				

REPRODUCTIVE HISTORY

Age at first period? 12 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 30 Days 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? Patch

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. 1999					X
2. 2002	Girl/Vag				
3. 2009	Girl/Vag				
4.					

Any complications? None

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: **Occasional** day? _____ week? _____ month? _____

Do you have any allergies to drugs or environmental exposures? No Pls. explain: _____

Describe any childhood allergies that you have outgrown: None

Do you have any medical illnesses (diabetes, asthma, etc...)? No If yes, pls. explain: _____

Please list all prescription or over the counter medications including dosage you are currently taking: None

***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?
Jan 2006	50	35	Yes	Yes
July 2006	63	Not Sure	Yes	Miscarried Twins

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? Not Sure

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

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

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-Married
If no, will your partner consent to standard blood testing? _____

Have you or your partner ever had a sexually transmitted disease? Yes If yes, when and what was your treatment regimen? HPV-abnormal cells-Not genital herpes

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? _____ If yes, please explain treatment Abnormal pap from HPV. Follow up-Normal.

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 (Piercings for 3-5 years)

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: Assoc. in Science
Currently pursuing advanced degree in: BA
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: 24 College GPA: 3.5

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	<u>TWU</u>	_____
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? Both throughout high school and twice in college

As an adult I am most proud of: My academic and personal achievements

Currently I have a career in: Student

Hours per week I work : 0 I have been in this profession for _____ 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: Bowling, Cardio

Have you excelled in any physical activities? When I was in middle school

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Try to eat healthy, but don't deny myself what I love.

Other skills or talents? Detail oriented

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	Blond	Blue	5'5" 145	Fair	54		
Father	Brown	Brown	5'6" 155	Olive	54		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Blond	Blue	5'5" Slim		88		
Maternal Grandfather	Brown	Brown	5'11" Slim		90		
Paternal Grandmother	Brown	Brown	Average			65	Aneurism
Paternal Grandfather	Brown	Brown	Average			45	Leukemia
Children: (If Any) 1.	Blond	Hazel		8			
2.	Blonde	Blue		1			
3.							
4.							

Are you adopted? No If yes, do you have access to your biological health history? _____

Twins or multiple births in the family? No If yes, how many sets? _____

Are there any known genetic diseases that run in your family? No If yes, please identify all such diseases and explain in as much detail as possible:

Has anyone in your family been born with a birth defect? No If yes, please explain in detail:_____

Have you had a brother or sister die in infancy or early childhood? No If yes, please explain the cause of death:

Have you ever been tested for:

Cystic Fibrosis (Caucasian) X
Sickle Cell (African American) X
Thalassemia (Greek/Italian) _____
Tay-Sach's (Jewish) X
Spinal Muscle Atrophy ?

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

How would you describe your personality and temperament? Calm, patient.

What is your philosophy of life? Do unto others as you would have done to you.

What qualities and characteristics would you hope the recipient parents possess? Stable, caring.

How does it make you feel at the possibility of their offspring knowing about the donation? I'm fine with it._____

How would you describe your childhood? Normal, happy ☺

What is the earliest memory you hold as a child? Swimming in my Aunt's pool.

What was it like growing up in your family? I love my family and still spend a lot of time with them.

What religion did you belong to as a child? Non-denominational

When I Was A Child:

My favorite thing to do was: Ride my bike

At home I was expected to: Clean up after myself

My parents were strict about: Letting them know where I was

My parents taught me to value: Other people

What I loved most about my father was: he is very giving

What I loved most about my mother was: she is very caring and understanding

My favorite relatives were: my aunts, uncles and cousins

I loved to visit: my aunt

In comparison to others I was: as close or closer to my family

Your Teenage Years:

Describe yourself as a teenager: normal teen, good grades, lots of friends

Describe your achievements: Honor society, state finalist in DECA

Did you do poorly at anything? Not really

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): Helping a deserving couple start a family.

What message would you like passed on to the recipient of your eggs/their offspring? _____

What helped you decide to become an egg donor? Raising my children, I couldn't see anyone who wanted a family not have one.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Yes

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

Do you have any ethical, moral or religious reservations about being an egg donor? No

What are your personal goals? Have you achieved any of these goals? To get my MD or Ph.D.

Working on it!

What do you see yourself doing in the next 5-10 years? Getting my degree, getting married and maybe having more kids.
Just got married!

What would you like your recipient couple to know about you that has not already been asked? Nothing at this time...

What is your favorite color? Purple

Favorite type of food? Italian

Favorite movie? Kill Bill, Any Johnny Depp movie

Favorite type of music? Everything

Favorite Book? Edgar Allan Poe

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:

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

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

They were done both other times

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 would want to be notified, but 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 am fine with that.

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'd want to know more.

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

That's fine.

Is there a message you would like to leave for your prospective parents? Best of luck!!

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							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia					X		PGF-age 45
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
NEUROLOGICAL							
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							
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							