

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

Donor Number: # 0303 (For Agency Use Only)

Today's Date: May 12, 2010

Date of Birth: June 20, 1991

How did you hear of An Eggceptional Match? (If website, pls. specify): Sister-in-law

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____ N/A _____

Address: _____ City: Springfield State: MO Zip: _____

Home Phone: _____ N/A _____ Work Phone: _____ N/A _____

Cell Phone: _____ May we leave a voicemail message at: (Pls. Circle): **Cell**

Are email communications permissible? If so, what is your E-mail Address: _____

I check my email: once a day

Are text messages permissible and if so at what telephone numbers? **Yes** No _____ cell phone _____

Are you currently listed with any other clinics or agencies? No If yes, whom? N/A

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 Husband Ph: _____

Who may we contact in case your demographics change? _____

Are you (Pls. Circle): **Married**

Are you a U.S. Citizen? **Yes**

Do you have medical insurance? **No**

If so, provide name of your health plan and identification number: _____ N/A _____

Are you willing to travel for an egg donation? **Yes**

Do you have any lawsuits or other legal claims pending against you? **No**

Have you ever filed bankruptcy? **No** If so, when? _____ N/A _____

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

_____ N/A _____

PHYSICAL CHARACTERISTICS

Age: 21 Height: 5'7" Weight: 150 lbs. **Measurements:** Bust _____ Hips _____ Waist _____

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

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

Mother's Side: Korean

Father's Side: Irish, German

Blood Type: A+ (+ or -) Place of Birth: Minneapolis, MN

What celebrity do people most commonly say you look like? Briana Hicks

***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 __13__ to __14__ years of age					

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? 28 How long do they last? 5 days

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

Method of birth control? Condoms, the pill 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? No

LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
7/2011	Girl				

Any complications? No

DONATION HISTORY

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?
8/2010	22	Unsure	Yes	Yes
1/10/2013	28	20 Mature-11 Fertilized	Yes	Pending

Were their embryos left to cryopreserve (freeze)? Pending If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? 9,000.00 (1st time donors \$5,000)

What is the least amount you would consider? ___\$?_____

Will you require missed wages from work? ___No_____

If yes, what is your hourly wage? ___ N/A _____ How many hours per week do you work? _ N/A _____

Will you require childcare reimbursement? _____No_____ If yes, what is the hourly rate? _ N/A ___ X _ N/A _ kids

MEDICAL HISTORY

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

1. _____ N/A _____

2. _____ N/A _____

Have you had a blood transfusion in the last 12 months? ___ N/A _____

If yes, please list date and reason: _ N/A _____

Any hospitalizations not mentioned above? _____ N/A _____ If yes, please explain: ___ N/A _____

Have you been exposed to radiation or toxic chemicals in your work or personal life? _____

_____ N/A _____

Have you received a bite from an animal suspect for rabies within the last 6 months? _____ N/A _____

Have you ever had a reaction to anesthesia? ___ N/A _____ If yes, please explain reaction in detail: _____

*Do you smoke cigarettes? No Packs per day? N/A # of years N/A # of years quit N/A

Do you now or have you ever taken recreational drugs? No If so, What? N/A

Do you drink alcohol? No If yes, how many drinks per: day? N/A week? N/A month? N/A

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

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

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

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

If yes, for how long? 3 years

If no, will your partner consent to standard blood testing? N/A

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? N/A

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 No

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

***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 X
Jr. High School X
Sr. High School (GPA: 3.75)
Currently in College pursuing a degree in: Graphic Design
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: _____

Please list names and year of all colleges attended: College Year

- | | |
|-------------------------------|------|
| 1. College of Southern Nevada | 2009 |
| 2. Missouri State University | 2010 |

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

Dean's List or Honor Roll? During elementary and middle school

As an adult I am most proud of: Accomplishing each goal I set for myself before graduating high school

Currently I have a career in: Full time student

I have been in this profession for 18+ years 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 volleyball, biking

Have you excelled in any physical activities? Volleyball

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Healthy

Other skills or talents? Skiing, baking, crafting

Do you show artistic or musical ability? Yes If yes please explain: I draw and enjoy graphic design on the computer

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Black	Brown	5'2" 110lbs	Medium	41		
Father	Brown	Hazel	5'8" 180lbs	Fair	42		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Brown	5'5"	Medium	63		
Maternal Grandfather	Brown	Brown	5'7"	Medium	67		
Paternal Grandmother	Blonde- Brown	Blue	5'2"	Fair	66		
Paternal Grandfather	Light- Brown	Hazel	5'6"	Fair	69		
Children: (If Any) 1.	Brown	Brown		Fair- med	15 mos		
2.							
3.							
4.							

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

Twins or multiple births in the family? No If yes, how many sets? N/A

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: N/A

Has anyone in your family been born with a birth defect? ____No____ If yes, please explain in detail N/A

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? ____ N/A ____

How would you describe your personality and temperament? I'm friendly and outspoken. I'm able to keep calm during stressful situations.

What is your philosophy of life? Make each day better than the last.

What qualities and characteristics would you hope the recipient parents possess?

I hope the parents are responsible, financially capable of taking care of a child, caring, and loving.

How does it make you feel at the possibility of their offspring knowing about the donation?

It makes me feel a great many things. Such as honored for telling them of/about me or the donation but it also makes me worried that the child may become upset with them. Most of all it makes me happy, whether or not the offspring would want to meet me or not.

How would you describe your childhood? Happy, fun

What is the earliest memory you hold as a child? Dressing up in my mom's clothing and make up.

What was it like growing up in your family?

There were always family outings and we did a lot of traveling. It was always really fun.

What religion did you belong to as a child? Lutheran

When I Was A Child:

My favorite thing to do was: Read books

At home I was expected to: Clean up after my cat, clean my room

My parents were strict about: Grades

My parents taught me to value: Honesty

What I loved most about my father was: His friendly, easy going nature

What I loved most about my mother was: Her ability to relate to your problems

My favorite relatives were: My Aunt Jill

I loved to visit: My aunt, who always moved around

In comparison to others I was: A fast learner

Your Teenage Years:

Describe yourself as a teenager: I went through a little bit of the teenage angst for about 5 months, but otherwise I was just concerned about finding a school I liked outside of Las Vegas

Describe your achievements: I was named athlete of the month for volleyball, graduated with an advanced degree

Did you do poorly at anything? I wasn't very good at some classes such as Chemistry, Biology and Graphing.

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

I had pimples from time to time.

What do you hope to achieve by volunteering in an egg donor program? I just like to give back to people by donating blood when I can. So I hope to help a couple who deserves it.

What message would you like passed on to the recipient of your eggs/their offspring? Treat them well! And tell them you love them everyday!

What helped you decide to become an egg donor? My sisters-in-law have donated many times.

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? No

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? My new goals for me are to get my associates degree at Missouri State University and then attend an art school back west.

What do you see yourself doing in the next 5-10 years? Going to school, moving

What would you like your recipient couple to know about you that has not already been asked? I think everything relevant has been touched upon

What is your favorite color? Red

Favorite type of food? Spicy, steak, I'm definitely not picky

Favorite movie? Fight Club

Favorite type of music? Again, I'm not picky. I listen to almost every genre

Favorite Book? Life of Pi

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

Being gay or single doesn't matter to me

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate:

If I was conceived by a donation I'd want to meet the person who donated. So, being the donor, I have no problem meeting the child.

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)?

I am pro-choice but I think if it's not a deadly defect then it shouldn't be aborted

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 think that's great and would sign 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 also wouldn't mind this and 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 don't care either way

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

I think that's great

Is there a message you would like to leave for your prospective parents? I'm glad to help you on your journey into parenthood.

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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. heart attack	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. heart disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1. from birth	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. lifestyle	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. hardening of the arteries	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. high blood pressure	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLOOD	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. anemia	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. sickle-cell anemia	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. hemophilia or other bleeding problem	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. leukemia	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. Immune Deficiency	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. other blood disorder	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RESPIRATORY (LUNGS)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. hay fever	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. asthma	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. emphysema	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. tuberculosis	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. lung cancer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. pneumonia	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G. other lung disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GASTRO-INTESTINAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. ulcer of stomach or duodenum	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. gall stones	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. hepatitis A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. hepatitis B	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. cirrhosis	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. colon cancer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G. ulcerative colitis	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H. Crohn’s disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I. cystic fibrosis	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J. intestinal cancer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
K. any other cancer/digestive prob.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
METABOLIC/ENDOCRINE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. diabetes mellitus	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. hypoglycemia	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. thyroid cancer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. thyroid disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. goiter	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. adrenal dysfunction or disorder	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G. hyperactivity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
URINARY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. kidney disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. other disease of urinary tract (urethra, bladder, ureter)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GENITAL/REPRODUCTIVE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. undescended testicle	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. hypospadias	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. prostate cancer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. uterine fibroids	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. ovarian cysts	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. cancer of cervix, ovaries or uterus	N/A	N/A	N/A	N/A	N/A	N/A	N/A

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. mental retardation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. senility before age 50	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. Multiple Sclerosis	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. Cerebral Palsy	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. epilepsy	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G. hydrocephalus	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H. disorder of the spinal cord	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I. Huntington's chorea	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J. Gaucher's disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
K. Wilson's disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
L. Creutzfeldt-Jacob disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
M. Alzheimer's disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N. other diseases of the nervous system	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MENTAL HEALTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. schizophrenia	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. bipolar or manic depressive	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MUSCLE/BONE/JOINTS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. muscular dystrophy	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. other chronic muscle disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. lupus	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. deformity of the spine	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. osteoporosis	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. dwarfism	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G. heredity low back disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H. arthritis	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I. gout	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SIGHT/SOUND/SMELL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. deafness before age 60	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. deformity of the ear	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. cataracts before age 50	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. blindness	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. color blindness	N/A	N/A	N/A	N/A	N/A	N/A	N/A
F. glaucoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G. deviated septum	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H. any other sight/sound/smell disorders	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SKIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. acne	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. eczema	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. skin cancer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. pigmentation disorders	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. other disorders of the skin	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A. alcoholism	N/A	N/A	N/A	N/A	N/A	N/A	N/A
B. drug abuse, misuse or addiction	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C. breast cancer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D. any other cancer not mentioned above	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E. any other condition not mentioned above	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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
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From 1980 to present, have you spent time that adds up To 5 years or more in Europe?	Yes	No	if so, where?
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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?
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If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?	Yes	No
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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?
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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
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Have you ever received a human organ, tissue transplant or human extract?	Yes	No
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(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: _____ May 12, 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: _____ May 12, 2010 _____

Witness to Signatures above: _____

Date: _____ May 12, 2010 _____