

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

**Donor Number: 0343** (For Agency Use Only)

Today's Date: April 8, 2013

Date of Birth: 02/27/1994

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

I am interested in an ( ) Open ( ) Anonymous ( ) Semi-Open-Donation ( ) **No Preference**

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

Social Security #: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

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

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

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? June 2013

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

Relationship \_\_\_\_\_ 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 ☐ 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: 19 Height: 5'3" Weight: 107 lbs Measurements: Bust 36 Hips 31 Waist 27

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

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

Mother's Side: Danish

Father's Side: Danish

Blood Type: ? (+ or -) Place of Birth: Denmark

What celebrity do people most commonly say you look like? Selena Gomez or Kim Kardashian

**\*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	<b>brown</b>	<b>hazel</b>	green	blue
*Set	narrow	<b>average</b>	wide	
*Size	small	<b>average</b>	large	
*Shape	round	oval	<b>almond</b>	
*Shade	<b>light</b>	medium	dark	

**Hair:**

*Natural Color	blond	<b>brown</b>	black	red	other _____
*Color as child	blond	<b>brown</b>	black	red	
*Shade	<b>light</b>	medium	dark		
*Type	<b>straight</b>	wavy	curly		
*Fullness	thin	<b>medium</b>	thick		
*Texture	<b>fine</b>	medium	course		

**Nose:**

*Size	<b>small</b>	medium	large
*Width	narrow	<b>average</b>	wide
*length	<b>short</b>	average	wide
*Nostril Flare	small	<b>average</b>	wide

**Cheekbones:**

*Set	low	<b>average</b>	high
*Prominence	<b>slight</b>	<b>medium</b>	strong

**Mouth:**

*Size	small	<b>average</b>	large
*Lips	thin	<b>average</b>	full

**Chin:**

*Shape	square	oval	<b>round</b>
*Prominence	<b>slight</b>	average	strong
*Cleft	<b>none</b>	<b>slight</b>	medium

**Skin:**

*Tone	light	<b>med-light</b>	medium	med-dark	dark	olive
*Tan Ability	none	slight	<b>medium</b>	easy		
*Condition	<b>normal</b>	dry	oily	medium	combination	
*Acne	<b>none</b>	slight	medium	severe	at what age _____	

**Other Facial**

**Features:**

*Moles	none	<b>one</b>	several	numerous
*Freckles	<b>none</b>	several	moderate	numerous
*Dimples	none	<b>slight</b>	medium	deep

**Eyesight:**

*Vision	<b>normal</b>	far-sighted	near-sighted
*Glasses	<b>none</b>	single	bifocal
*Astigmatism	yes	<b>no</b>	age diagnosed _____

**Dental:**

*Device	none	<b>braces</b>	retainer	other _____
*Reason	<b>cosmetic</b>	accident	disease	other _____
*Age during use	<u>13</u> to <u>16</u> 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? 7 days

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

Method of birth control? Aviane      If none, in the past? \_\_\_\_\_

Have you ever been pregnant? No If yes, did you have trouble conceiving? \_\_\_\_\_

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.					
2.					
3.					
4.					
5.					
6.					

Any complications? \_\_\_\_\_

## 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? \$5000 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \$4000

Will you require missed wages from work? No

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

Will you require childcare reimbursement? No If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

During travel assignments, will you: ( ) Drive yourself to the airport and require parking reimbursement  
( ) Take a taxi or shuttle and require reimbursement  
( ☒ ) Have someone drop you off and require NO reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? X Yes \_\_\_\_ No

## MEDICAL HISTORY

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

1. None

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 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? 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: \_\_\_\_\_

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? No

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

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 \_\_\_\_\_

Please list all prescription or over the counter medications including dosage you are currently taking: Birth Control

**\*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: 3.0)**  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: \_\_\_\_\_  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: 28 College GPA: \_\_\_\_\_

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Art Institute of Denver</u>	<u>2012-Present</u>
2. _____	_____
3. _____	_____

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

Dean's List or Honor Roll? No

As an adult I am most proud of: The way I treat others and my urge to help others in need.

Currently I have a career in: Student

I have been in this profession for \_\_\_\_\_ days/mos/years

\*I have flexibility in my current profession: **Yes** No **(with advanced notice)**

Languages: Speak: Danish

Read: Danish

Write: Danish

I consider myself: Athletic **Active** Average Inactive

Physical activities include: Tennis, Soccer and gymnastics

Have you excelled in any physical activities? All

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: Healthy and very balanced

Other skills or talents? Paint, draw, make sculptures and write short stories. I also enjoy fashion and interior design and piano.

Do you show artistic or musical ability? Yes If yes please explain: Listed above~

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Dirty Blonde	Blue	5'3" 115	Fair	56		
Father	Brown	Hazel	5'9" 172	Fair- Med	60		
Brother: 1.	Blonde	Hazel	5'11" 165	Fair	19		
2.							
3.							
4.							
Sister: 1.	Brown	Blue	5'3" 110	Fair- Med	27		
2.							
3.							
4.							
Maternal Grandmother							Deceased
Maternal Grandfather							Deceased
Paternal Grandmother							Deceased
Paternal Grandfather							Deceased
Children: (If Any) 1.							
2.							

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:

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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:

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**Have you ever been tested for: NO**

Cystic Fibrosis (Caucasian) \_\_\_\_\_

Sickle Cell (African American) \_\_\_\_\_

Thalassemia (Greek/Italian) \_\_\_\_\_

Tay-Sach's (Jewish) \_\_\_\_\_

Fragile X \_\_\_\_\_

Spinal Muscular Atrophy \_\_\_\_\_

If yes to any of the above, were you determined a carrier? N/A

How would you describe your personality and temperament? Very calm, know how to handle problems effectively. I tend to never get too stressed out or panic easily.

What is your philosophy of life? To live life to the fullest and live everyday as if it were your last.

What qualities and characteristics would you hope the recipient parents possess? Loving, caring, kind, understanding, supportive, determined and full of hope.

How does it make you feel at the possibility of their offspring knowing about the donation? I think that it's the parents decision to make, they are the ones that are going to be raising the child/children....I don't mind them knowing.

How would you describe your childhood? My childhood was memorable and exciting. I loved being a kid because growing up, my parents found new ways to make my life fun and colorful.

What is the earliest memory you hold as a child? My parents teaching me to ride my bike.

What was it like growing up in your family? It was always a lot of fun because my sister and brother found new games to play all the time, they taught me a lot of what I know today. I walso watched them grow up and quickly learned from their mistakes.

What religion did you belong to as a child? Christian

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

My favorite thing to do was: Play games with my brother and sister and experience nature

At home I was expected to: Always do my best and try my hardest

My parents were strict about: Being good in school and getting good grades

My parents taught me to value: Everything I am given in life, no matter if the things are big or small, I should value them equally.

What I loved most about my father was: He was my hero growing up and I learned from him that If I try my hardest in life, the rewards will follow.

What I loved most about my mother was: She was always loving and caring. She's the reason I want to care for people today.

My favorite relatives were: My grandparents because they always had new and exciting stories to share

I loved to visit: My cousins, they lived out in the open and were around nature all the time

In comparison to others I was: Unique, always full of energy and was a very happy child

### **Your Teenage Years:**

Describe yourself as a teenager: As well as most teens. I have tried to figure out who I am and who I want to become. I have always been very mature even when I was very little. I learned quickly from the mistakes I've made so far in life.

Describe your achievements: I've learned to become a better person and treat others like I would like to be treated. I have also learned to trust everyone, unless they give me a reason not to! I have also achieved many smaller things like winning contests for drawing, painting and learning to become a greater fashion designer.

Did you do poorly at anything? Math was not my strong subject. I'm more right brain sided!

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No I didn't...

What do you hope to achieve by volunteering in an egg donor program? I hope to see a couple who are not able to have kids end up with a beautiful child who will fit their lifestyle and personalities. I also hope to see them start an amazing family who are loving and caring.

What message would you like passed on to the recipient of your eggs/their offspring? I can only imagine how hard it must be going through this. After all, the way you choose to raise your children and the values you instill are much more important than their origination. All that matters is them knowing how much you love them and wanted them.

What helped you decide to become an egg donor? I read an article about it and the impact it was having on infertile couples. I thought this was another way I could help others. I have also always believed that we need to help each other

and be there for each other because we never know if we'll be in the same position one day. I also believe that it is by giving, that you are rewarded with a richer life.

Do you consider yourself a reliable person? Yes, Very.

Do you consider yourself a punctual person? Yes, I have always been and always will be.

Would you describe yourself as a religious or spiritual person? I grew up in a Christian house, so yes, I would describe myself as a religious person.

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 major goal in life is to one day become the best mother I can be which is also why I take egg donation very seriously.

What do you see yourself doing in the next 5-10 years? I see myself going to college and becoming a fashion designer, a great wife and mother.

What would you like your recipient couple to know about you that has not already been asked? I would like them to know that I am doing this because it is something that makes me happy too and love to see other's happiness.

What is your favorite color? Blue

Favorite type of food? Sushi

Favorite movie? A Walk to Remember

Favorite type of music? Rock and Roll

Favorite Book? My Sister's Keeper

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Doesn't matter to me, I want to help anyone I can.

Would you be willing to meet a child conceived as the result of your donation? Maybe Please elaborate: I wouldn't mind but ultimately this is up to the parents.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name?  
Yes, I wouldn't mind meeting in person and Yes, I'm OK with them knowing my name.

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

Personally I would never consider having an abortion but with all respect, I also believe it's a woman's choice.

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 don't mind and would love to help a couple in need.

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 rather see them in the hands of a couple who wants to become parents than for research.

Some clinics have their Prospective Parents sign away rights to any leftover embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?

I feel that since I donated them, I have the right to know what the decision is, but if it's a deal breaker, I would consider it.

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

I don't mind at all.

Is there a message you would like to leave for your prospective parents? I hope you find the perfect match for you and your dreams come true of becoming parents. I know that is a dream for me one day as well so I can only imagine what you are going through. Just hold on and be strong and hold on to hope!

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					x		
1. from birth							
2. lifestyle					x		
D. hardening of the arteries							
E. high blood pressure					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							
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							
N. other diseases of the nervous system							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout							
<b>SIGHT/SOUND/SMELL</b>							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
<b>SKIN</b>							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

**RISK FACTORS****Yes****No to all****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 preceding 12 months?	<b>Yes</b>	<b>No</b>
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Have you ever been diagnosed with hepatitis?	<b>Yes</b>	<b>No</b>
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Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	<b>Yes</b>	<b>No</b>
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Have you ever been diagnosed with or suspected to have West Nile Virus?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b>
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Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b>
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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?	<b>Yes</b>	<b>No</b>	<b>if so, who?</b>
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	<b>Yes</b>	<b>No</b>
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Do you have a history of changes in cognition, speech or gait?	<b>Yes</b>	<b>No</b>
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Have you ever received a blood transfusion?	<b>Yes</b>	<b>No</b>	<b>if so, where?</b>
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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?	<b>Yes</b>	<b>No</b>
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**(Cont'd)**

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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?

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**Yes    No**

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From 1980 to present, have you spent time that adds up to 5 years or more in Europe?

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**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?

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**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?

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**Yes    No**

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Have you ever had sexual contact with anyone who was born or lived in Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?

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**Yes    No**

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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?

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**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?

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**Yes    No    if so, who?**

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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?

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**Yes    No**

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Have you ever received a human organ, tissue transplant or human extract?

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**Yes    No**

**(Cont'd)**

Have you ever been excluded as a blood donor?	<b>Yes</b>	<b>No</b>	<b>if so, why?</b>
<hr/>			
Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b>No</b>	
<hr/>			
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?	<b>Yes</b>	<b>No</b>	
<hr/>			
Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b>No</b>	
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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: \_\_\_\_\_

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: \_\_\_\_\_

