

P.O. Box 1646
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720-733-0184
Toll Free 1-877-745-3447
info@donatedeggs.com

Donor Number: 0266 (For Agency Use Only)

Today's Date: 04/03/2011

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

Name: _____

Date of Birth: 07/14/1979

Social Security #: _____

Insurance Co: AETNA

Address: _____ City: Charlotte State: NC Zip: _____

Home Phone: _____

Work Phone: N/A

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? No

Have you ever been denied entry into another egg donor program? No

How soon are you able to begin your donation? June 2011

Who may we contact in case of an emergency?

Who may we contact in case your demographics change? Cell or home

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

PHYSICAL CHARACTERISTICS

Age: 32 Height: 5 feet 5 inches Weight: 118 **Measurements:** Bust 34 Hips 37 Waist 26

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

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

Mother's Side: German

Father's Side: European

Blood Type: O (**+** or -) Place of Birth: Wichita, KS

What celebrity do people most commonly say you look like? Allison Mack

Please circle 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 __30____ to __31____ years of age						

Other:	*List _____						
	*Reason/Cause _____						

REPRODUCTIVE HISTORY

Age at first period? 13 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? None If none, in the past? Yasmin, BC Pill

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.	Vag- boy				
2.	Vag- boy				
3.	Vag- boy				
4.	Vag- boy (GS preg)				

Any complications? One early miscarriage, 12/2003

MEDICAL HISTORY

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

1. D and C for miscarriage, no complications

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

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?

*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: No allergies

Do you have any medical illnesses (diabetes, asthma, etc...) None

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

***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?
11/2009	45	38	Yes-Twins	Yes
05/2010	Dr. stopped at 40	32 (20+ on going on day 3)	No-Transferred 2 Possible Sperm Issue	No

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? 18 (frozen on day one)
1 frozen

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? Negotiable

Will you require missed wages from work? Yes

If yes, what is your hourly wage? Salaried 1192.00 per week How many hours per week do you work? 40

Will you require childcare reimbursement? Yes If yes, what is the hourly rate? Flat 70.00 per day X 3 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? 14 years
If no, will your partner consent to standard blood testing? Yes

Have you or your partner ever had a sexually transmitted disease? None

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? None

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: 3.5)

Completed College with degree in: _Paralegal Studies
Currently pursuing advanced degree in: Communications
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: N/A ACT's: 28 College GPA: 3.9 cumulative

Please list names and year of all colleges attended: College Year
1. South Piedmont College 2008-2010

What was your favorite subject in school? English, Creative Writing Your least favorite? Math

Dean's List or Honor Roll? Dean's List

As an adult I am most proud of: The successes of my children and my strong marriage

Currently I have a career in: Senior Operations Consultant: AVP- Fulfillment Leader

I have been in this profession for 2 days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: English

 Read: English

 Write: English

I consider myself: Athletic Active Average Inactive

Physical activities include: Yoga 4 times per week, cardio 2 times per week (varies)

Have you excelled in any physical activities? I am a very good dancer and danced from age 4-17

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Mostly organic, varied and healthy

Other skills or talents? I am a gifted writer and have always excelled in theatre, dance, and public speaking.

Do you show artistic or musical ability? I played clarinet as a child

***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	Brown	Hazel	5.3, 130	Medium	52		
Father	Brown	Brown	6.0, 200	Medium	53		
Brother: 1.	Brown	Hazel	5.9, 215	Medium	33		
2.							
3.							
4.							
Sister: 1.	Brown	Hazel	5.9, 135	Medium	35		
2.	Brown	Brown	5.5, 120	Medium	31		
3.							
4.							
Maternal Grandmother	Blonde	Green	5.4, 130	Light	73		
Maternal Grandfather	Blonde	Green	5.10, 200	Medium	75		
Paternal Grandmother	Black	Brown	5.8, 150	Medium	75		
Paternal Grandfather	unknown						Health history clear, just never met him
Children: (If Any) 1.	Dark Blonde	Green	5.1, 65	Medium	10		
2.	Blonde	Blue	4.8, 56	Medium	7		
3.	Brown	Brown	46 Inches, 36	Medium	4		
4.							

Are you adopted? Yes If yes, do you have access to your biological health history? Yes
 Twins or multiple births in the family? None

Are there any known genetic diseases that run in your family? None

Has anyone in your family been born with a birth defect? None

Have you had a brother or sister die in infancy or early childhood? No

Have you ever been tested for:

Cystic Fibrosis (Caucasian) Yes, negative

Sickle Cell (African American) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

If yes to any of the above, were you determined a carrier? No

How would you describe your personality and temperament? I am pretty easy going and positive, but am very organized.

What is your philosophy of life? Be the change you wish to see in the world.

What qualities and characteristics would you hope the recipient parents possess? Families are built not on biology and genetics, but on love and commitment. I hope the child is welcomed with an open heart and with a parent(s) that will give 100% of themselves, as all children deserve that. Building memories is so essential to evolving into a successful person, my hope is that the child will have many childhood memories from which to pull from and thrive on!

How does it make you feel at the possibility of their offspring knowing about the donation? I think honesty within families is essential and would hope the child is informed of the unique way he or she came to be. I also understand it is up to the parents of any child to decide what is best for their family.

How would you describe your childhood? Warm, full, and inspiring.

What is the earliest memory you hold as a child? My first memory is of getting stung by a bee in my grandma's backyard and of her giving me cookies to help me smile.

What was it like growing up in your family? My family was very playful and active. I can remember riding bikes with my brother, swimming with my father, and singing with my mother.

What religion did you belong to as a child? Catholic

When I Was A Child:

My favorite thing to do was: Dance, swim, play 'mommy', dress up, and read.

At home I was expected to: Keep my personal space clean, respect everyone within the walls of our home

My parents were strict about: Everything ;o), and now that I am a mom, I sure appreciate it!

My parents taught me to value: Myself and my family.

What I loved most about my father was: His quiet manner

What I loved most about my mother was: Her passion for life

My favorite relatives were: My grandma and grandfather

I loved to visit: Any place with water (ie the beach, lake, etc)

In comparison to others I was: Sensitive, passionate, optimistic, and articulate

Your Teenage Years:

Describe yourself as a teenager: I was very focused, but enjoyed being social as well.

Describe your achievements: I was a varsity debate and forensic competitor who placed at state my senior year and competed on a national level. I was very active in theatre both at my school and in the community. Additionally, I was a national gold key writing winner.

Did you do poorly at anything? I was never strong in math

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I was an 'emotional' teenager, but looking back, so were most of us.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): My experiences as a gestational carrier helped me evolve and become so incredibly compassionate to the depth of infertility. As an adopted individual, I already fully understand the gift of one can become the existence of another. For me, becoming an ED is like coming full circle in the process of life.

What message would you like passed on to the recipient of your eggs/their offspring? How his or her creation was a collective effort of many people who care very much about them.

What helped you decide to become an egg donor? My children...each and everyday I have the gift of seeing the world through their eyes, how incredible and powerful that is! To be able to provide that opportunity to another is amazing.

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? Religious, not particularly. I do feel we all walk a certain path for a very particular reason.

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? Finishing my degree was of utmost importance to me, and now I have. Most importantly, I want my children to grow to be respectful, strong men who find a deep sense of purpose and contentment in whatever they choose to do. I am so blessed to have married my best friend and I want our marriage to ride out any adversities we are sure to face.

What do you see yourself doing in the next 5-10 years? Working in third party reproduction on a legal level. We also have plans to travel.

What would you like your recipient couple to know about you that has not already been asked? I always give 100% of myself to anything and everything I do. This process will be no different. Rest assured, I am committed and can always be counted on. Finally, please know that even if your journey to parenthood does not include my donation, I wish you the best in your endeavor to parenthood.

What is your favorite color? Pink

Favorite type of food? Japanese

Favorite movie? Something About Mary, Centerstage

Favorite type of music? All

Favorite Book? The Secret, Eat Pray Love

Would you be willing to donate to gay or single prospective parents? Yes

Would you be willing to meet a child conceived as the result of your donation? Yes, however only if the parents and child have collectively decided this is the best thing.

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)?

While never an ideal situation, this is not my decision to make.

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, once I have donated, the decision is no longer mine.

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? Same...

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? Again, not my choice or decision.

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

Considering I have been a GS, I think it is a SUBERB way to build a family! For us, it was an incredible journey and to see the family in which I had a help in creating is indescribable.

Is there a message you would like to leave for your prospective parents?

Being a mom or a daddy is not about genetics or biology. At age eighteen, I had the incredible honor of meeting my biological mother. When I saw her for the first time, I recognized something very familiar about her eyes and smile, but much to my surprise, she was not like me in many other ways. And while I attribute my strength to her, the woman I am today is the product of loving parents who welcomed me into their family. Two vastly different women came together with one commonality and I am the lucky recipient! That is inspirational to me. How each person builds their family is so personal, the only requirements are a strong will and resolve to give the best of oneself to the result.

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: April 03, 2011.

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: April 03, 2011

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					Grandfather		
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
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							