

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

Donor Number: 0141 (For Agency Use Only)

Today's Date: 03/26/2010

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

Name: Elizabeth

Date of Birth: 01/03/1983

Social Security #: _____

Insurance Co: _____

Address: _____

City: Spartanburg State: SC Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

May we leave a Message at (Pls. Circle): **X Home** Work Cell

E-mail Address: _____

I check my email: **X 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? **_As soon as needed/ Available immediately**

Who may we contact in case of an emergency? _____

Who may we contact in case your demographics change?

Are you (Pls. Circle): **X Married** Single **with** relationship Single **without** relationship

Are you a U.S. Citizen? **X Yes** No

Do you have medical insurance? **_No** 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: 28 Height: 5'4" Weight: 129lbs Measurements: Bust 36C Hips not sure Waist thin/average

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

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

Mother's Side: English and Native American

Father's Side: Puerto Rican

Blood Type: 0+ (+ or -)

Place of Birth: Newbern, North Carolina

What celebrity do people most commonly say you look like? I really don't want to come off as conceded but.... Jennifer Lopez as far as my body (bottom mostly) and Christina Ricci far as my face. This is just what I have heard, but I don't really see it.

Please circle appropriate response:

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

Hands: **X right-handed** left-handed ambidextrous

Eyes:	*Color	brown	hazel	X green	blue
	*Set	narrow	X average	wide	
	*Size	small	average	X large	
	*Shape	round	X oval	almond	
	*Shade	light	X medium	dark	

Hair:	*Natural Color	blond	X brown	black	red
other					
	*Color as child	blond	X brown	black	red
	*Shade	light	medium	X dark	
	*Type	straight	X wavy	curly	
	*Fullness	thin	X medium	thick	
	*Texture	fine	X medium	course	

Nose:	*Size	small	X medium	large
	*Width	narrow	X average	wide
	*length	short	X average	wide
	*Nostril Flare	small	X average	wide

Cheekbones:	*Set	low	X average	high
	*Prominence	slight	X medium	strong

Mouth:	*Size	small	X average	large
	*Lips	thin	X average	full

Chin:	*Shape	square	oval	X round
	*Prominence	slight	X average	strong
	*Cleft	none	X slight	medium

Skin:	*Tone	light	X med-light	medium	med-dark	dark	olive
	*Tan Ability	none	slight	medium	X easy		
	*Condition	X normal		dry	oily	medium	combination
	*Acne	X none		slight	medium	severe	at what age_____

Other Facial Features:	*Moles	X none	one	several	numerous
	*Freckles	X none	several	moderate	numerous
	*Dimples	X none	slight	medium	deep

Eyesight:	*Vision	X normal	far-sighted	near-sighted
	*Glasses	X none	single	bifocal
	*Astigmatism	yes	X no	age diagnosed _____

Dental:	*Device	X 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? **_28** How long do they last? **_4/5 days**

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

Method of birth control? **__My husband had a vasectomy.** 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 below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1. 2002	Vaginally	no	no	no	no
2. 2006	Vaginally	no	no	no	no
3. 2007	Vaginally	no	no	no	no
4.					

Any complications? **__I had no complication during my three previous pregnancies.**

MEDICAL HISTORY

Have you ever had any surgeries? **No** If so please list type and date:

1. _____
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? **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: _____

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? __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? **\$5,000 ED fee plus any necessary expenses**

What is the least amount you would consider? **_\$5,000**

Will you require missed wages from work? __Yes

If yes, what is your hourly wage? **_\$12**

How many hours per week do you work? **_40hrs per week**

Will you require childcare reimbursement? __No

If yes, what is the hourly rate? **Great family members dieing to watch them X 3 kids= \$0 ☺**

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, almost 8 years**

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

Have you or your partner ever had a sexually transmitted disease? __No If yes, when and what was your treatment regimen? _____

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? __No If yes, please explain treatment _____

Please mark any that apply to you within the last 12 months:

- ☐ Exposure to HIV
- ☐ Exposure to Hepatitis B or C
- ☐ Had sex in exchange for money or drugs
- ☐ Intravenous drug use
- ☐ Piercing or tattoos
- ☒ **None of the Above**

EDUCATION

Highest Level of Education Completed: Grade School _____
Jr. High School _____
Sr. High School (GPA: _____)
Currently in College pursuing a degree in: **start in Fall/ Degree In Education**
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: **Nursing courses**

Test Scores: SAT's: **I have a scheduled test date to take the SAT and ACT.** ACT's: **Wish me luck!** College GPA: _____

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
----------------	-------------

- | | |
|---|-------------|
| 1. Spartanburg Community College | 2003 |
| 2. University of South Carolina/ Upstate | 2008 |
| 3. _____ | _____ |

What was your favorite subject in school? **All types of Math** You're least favorite? **English**

Dean's List or Honor Roll? **_I was always on the Honor Roll List.**

As an adult I am most proud of: **my three beautiful, smart, sweet children.**

Currently I have a career in: **I am an Administrative Assistant at an Engineering company.**

I have been in this profession for **____5 years.**

*I have flexibility in my current profession: **X Yes** No

Languages: Speak: **I speak fluent English and very little Spanish. I plan to learn more about the Spanish language in college.**

Read: **_Same** _____

Write: **_Same** _____

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

Physical activities include: **running, skating, cleaning, and playing outdoors with my children**

Have you excelled in any physical activities? **I use to play softball but not anymore/ I am now trying to learn Salsa dancing.**

Manual Dexterity: Dexterous **X Average** Clumsy

I would describe my diet as: **Now that I am an adult, I have learned what to eat and what not to eat, but I still slip ever now and then.**

Other skills or talents? **I am a certified nursing assistant.**

Do you show artistic or musical ability? **_No** If yes please explain: **I played and enjoyed the violin in elementary school.**

***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	green	5'3'' 115lbs	fair	49		All still living
Father	black	brown	5'10'' 170lbs	olive	48		
Brother: 1.	brown	green	5'11'' 160 lbs	medium	21		
2.							
3.							
4.							
Sister: 1.	brown	brown	5'2'' 120lbs	olive	26		
2.							
3.							
4.							
Maternal Grandmother	brown	green	5'5'' 150lbs	fair	69		
Maternal Grandfather	brown	green	6'1'' 175lbs	fair	68		
Paternal Grandmother	black	brown	5'2'' 120lbs	olive	70		
Paternal Grandfather	black	brown	5'10'' 150lbs	olive	72		
Children: (If Any)			45/45				
1.	brown	green			6		
2.	brown	blue	35/30		2		
3.	brown	blue	22/15		4 months		

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) __**Yes**____
Sickle Cell (African American) **Yes**_____
Thalassemia (Greek/Italian) ____**Yes**____
Tay-Sach’s (Jewish) ____**Yes**_____

If yes to any of the above, were you determined a carrier? ____**No/ all negative**_____

How would you describe your personality and temperament? **I am very polite, cautious, and friendly, but I am not a doormat. I treat people very kind but I do not allow anyone to take my kindness for granted. I am very dependable and helpful. I am the person everyone comes to when they want to make sure something gets done and done right.**

What is your philosophy of life? **I am very strong believer in “SMILING”. I think it is great how something so simple can spread so much joy. It is almost effortless yet it can make a huge impact on someone days, or even on someone life.**

What qualities and characteristics would you hope the recipient parents possess? **I hope to find recipients’ that are smart, kind, friendly, stable, and above all HONEST. Honesty is the one trait of mine that I hope to pass on with a donation, and with my own children.**

How does it make you feel at the possibility of their offspring knowing about the donation? **I think this is totally up to the intended parents. I am okay with either way. I can see the negative and positives in knowing and in not knowing.**

How would you describe your childhood? **I would describe my childhood as fun and simply. It was great being a child, especially having a sister so close to my age. We are still till this day the best friends ever.**

What is the earliest memory you hold as a child? **I can remember when I was 4 years old. I remember where I lived and all about my neighbors. We had a snow storm. The snow came up to my waist. It was years later when I finally realized that it wasn't that huge of a snow storm, I was just young and short.**

What was it like growing up in your family? **My family is very close. We all still live near each other and get along very well. Everyone is funny and has a sense of humor. We are always laughing at each other.**

What religion did you belong to as a child? **As a child we attended a Baptist church.**

When I Was A Child:

My favorite thing to do was: **ride my bike and play with my Barbie's.**

At home I was expected to: **get along with my brother and sister.**

My parents were strict about: my **school work. It was very important for me to do my best.**

My parents taught me to value: **friendship. "Treat them as you hope to be treated"**

What I loved most about my father was: **that he is so smart. He was always there to help me learn new things.**

What I loved most about my mother was: **how loving she is. She will do anything for anyone and doesn't need recognition for it.**

My favorite relatives were: **my grandpa and grandma. They sure know how to make us happy. Sweet people!**

I loved to visit: **the beach. I would wake up before everyone on beach day.**

In comparison to others I was: **the smart girly one. My sister would say that I am girly and pretty. My brother always said that I was smart.**

Your Teenage Years:

Describe yourself as a teenager: **I went to a really large high school. So most of that time was used to find my way around that place. I enjoyed skating, shopping, and making new friends.**

Describe your achievements: **As a teenager, I achieved many of my goals. I finished high school, found my soul mate, and learned a lot about life.**

Did you do poorly at anything? **Oh, yes, of course. I think I did poorly at being on time. As a teen it was very hard for me to be on time for anything. Thankfully I have overcome that issue.**

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? **As a teen you think everything is a serious problem. As I look back now, I realize that I didn't have any major problems as a teen. I did not have acne, health problems, social problems, or educational difficulties. That time in my life was pretty much normal.**

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): **Financially I hope to be able to cover some of my college expenses. Emotionally I just want to help a less fortunate family out. I see the smiles on my children's faces and I hurt for people who don't get to feel that kind of joy.**

What message would you like passed on to the recipient of your eggs/their offspring? **Life is precious. Enjoy it and share it if you can find it in your heart to do so.**

What helped you decide to become an egg donor? **I have a friend who just adopted her second infant. I also have a co-worker who is going through IVF. I know there is a need for donors out there.**

Do you consider yourself a reliable person? **Yes, I can't say that I will do something and then not do it. I've tried and it eats up at me until I just have to go and complete my task. I am up early each morning and on time for everything.**

Do you consider yourself a punctual person? **Yes, as I said above. I like to be early. Being late feels weird and horrible. I know that the person waiting on me feels a lot worse than I do and that is just very disrespectful.**

Would you describe yourself as a religious or spiritual person? **I am a Christian but I am not active at this moment, so my answer would be NO.**

Do you have any ethical, moral or religious reservations about being an egg donor? **No, I have no hold backs on becoming an egg donor.**

What are your personal goals? Have you achieved any of these goals? **I personal goal is to make my children 100% happy with themselves and their life. I spend everyday teaching them values, love, and how to make your life worthwhile.**

What do you see yourself doing in the next 5-10 years? **I hope to be teaching math or algebra to the greatest group of middle school kids.**

What would you like your recipient couple to know about you that has not already been asked? **I would want them to know that I am just the all around normal girl next door. I'm a little of everything all wrapped up in one, yet not complicated at all.**

What is your favorite color? **Pink crayons, green eyes, brown shoes, white shirts, blue jeans.... depends**

Favorite type of food? **Greek and Italian**

Favorite movie? **Forrest Gump**

Favorite type of music? **Blues**

Favorite Book? **Diary of Anne Frank**

Would you be willing to donate to gay or single prospective parents? **Yes** Please specify: **Race, religion, sexual preference, or relationship status is not an issue for me. I think everyone is entitled to happiness.**

Would you be willing to meet a child conceived as the result of your donation? **Yes** Please elaborate: **I would never meet without the permission of the parents. If we did decide to meet, I would never cross any parenting boundaries. I have children of my own and I would never disrespect anyone like that. I can be very supportive, polite, or helpful with whatever the child is seeking.**

Would you be interested in possibly meeting the prospective parents? **I would love to meet the intended parents but it is not a requirement. This decision is their decision to make. I'm okay with meeting or not meeting.**

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?
This is up to the parents and they will be their eggs to do whatever with. I would just like to add that with my 1st and 2nd child, I was really praying for girls. They both came out boys and I wouldn't trade them for the most perfect beautiful girl. As I look at their beautiful faces I am so glad I didn't consider selective reduction or abortion. I wouldn't suggest going out of your way for a specific sex. No matter what you are blessed with, you are just that "BLESSED".

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 see people who want to share their eggs. I think that it is awesome. It can cut cost for both families. It can also be used to help someone who is in the same situation you used to be in. So if you can, please help someone else out. When I become financially stable, I want to donate for free myself.

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?
As far as discarding them, I think that it would be better to share them. I don't know much about the scientific research end of donating. I'll have to read more on that topic before I can decide my feelings on it. The donated eggs will belong to the recipients and they can do as they choose to do with them. I will sign a consent permitting them to.

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, they are not mine after I donate them and that should be though through by the intended parents. I trust them to make a wise and informed decision.

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor?
I think it is great how so many people from different life's can come together to make such a precious thing. I understand some people may need to use a surrogate or a sperm donor and that is okay with me.

Is there a message you would like to leave for your prospective parents? **I would just like to say..... Use your head and heart and you will soon find your perfect match. I hope that I can help. Please feel free to ask or request anything of me. I will try to help as much as possible. I can be a friend or a very discreet anonymous donor. This is your time and I will help you make things run smoothly. This time should be looked back on as a wonderful memory. Try to take things as they come to avoid stress and complications. I'm sure soon that you will have your little bundle of joy. Good luck on your upcoming journey!**

Sincerely Yours

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: **3/26/2008**

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: **3/26/2008**

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					Maternal GF		Under control since discovering the problem
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							