

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

Donor Number: 0345 (For Agency Use Only)

Today's Date: February 2, 2012

Date of Birth: 10/2/1985

How did you hear of An Eggceptional Match? (If website, pls. specify): Current donor/friend with AEM

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

Full Legal Name and any aliases: _____

Social Security #: _____

Insurance Co: None

Address: _____ City: Westminster State: Colorado Zip: _____

Home Phone: Work Phone: None

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? _____

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? Immediately

Who may we contact in case of an emergency?

Relationship Ph:

Who may we contact in case your demographics change?

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: 26 Height: 5'8" Weight: 160 **Measurements:** Bust 36 Hips 32 Waist 30

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

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

Mother's Side: Irish and German

Father's Side: Czech and Polish

Blood Type: A- Place of Birth: Denver, Colorado

What celebrity do people most commonly say you look like? Haven't really said I look like a celebrity!

***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 _16	to present	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? _4

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

Method of birth control? __vasectomy If none, in the past? __b/c pills

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
1.	Girl/Vaginal	No	No	No	No
2.	Girl/C-section	No	No	No	No
3.	Boy/Vaginal	No	No	No	No
4.					
5.					
6.					

Any complications? With my middle child her heart rate dropped so they needed to do a c-section but other than that all of my pregnancies have been fine:)

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?
10/01/09	43	?	Yes	yes

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

What is the compensation you are asking for your donation? 2nd time donor

What is the least amount you would consider? 5,500

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? yes If yes, what is the hourly rate? 8.00 x 2 kids

During travel assignments, will you: () Drive yourself to the airport and require parking reimbursement
() Take a taxi or shuttle and require reimbursement
(X) 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? ___Yes X No

MEDICAL HISTORY

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

1. _____ C-section with my 2nd pregnancy

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? 0 # of years 0 # of years quit 0

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? 0 week? 0 month? 0

Do you have any allergies to drugs or environmental exposures? no Pls. explain: none

Describe any childhood allergies that you have outgrown: none

Do you have any medical illnesses (diabetes, asthma, etc...)? none If yes, pls. explain: none

Do you have frequent nose bleeds, bleeding gums while brushing your teeth and or clots with menstrual periods?

None

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 If yes, for how long? 10 years

If no, will your partner consent to standard blood testing? n/a

Have you or your partner ever had a sexually transmitted disease (Trichomonas, 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 Abnormal pap due to HPV. Had colposcopy and no reoccurrence since. All normal paps.

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.**

EDUCATION

Highest Level of Education Completed: Grade School _____

Jr. High School _____

Sr. High School (GPA: 3.5)

Currently in College pursuing a degree in: _____

Completed College with degree in: _____

Currently pursuing advanced degree in: _____

Completed advance degree in: _____

Vocational/Trade School: Culinary school

Test Scores: SAT's: _____

ACT's: _____

College GPA: _____

Please list names and year of all colleges attended:

College

Year

1. _____
2. _____
3. _____

What was your favorite subject in school? _____ science _____ You're least favorite? _____ english _____

Dean's List or Honor Roll? _____ no _____

As an adult I am most proud of: watching my children grow and learning new things

Currently I have a career in: I am actually a stay at home mom but looking into culinary school as I would like to become a pastry chef.

I have been in this profession for 1 year

*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: walking, working out, playing with my kids

Have you excelled in any physical activities? I used to play tennis

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: pretty healthy try to stay away from fatty and or greasy foods

Other skills or talents? _____

Do you show artistic or musical ability? _____ If yes please explain: _____

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Red	Blue	5'4 130	Tan	53	Living	
Father	Red	Blue	6'4 220	Fair	55	Living	
Brother: 1.	Blonde	Blue	5'11 210	Fair	35	Living	
2.							
3.							
4.							
Sister: 1.	Brown	Green	5'5 120	tan	31	Living	
2.	Brown	Brown	5'3 140	Fair	21	living	
3.							
4.							
Maternal Grandmother	Red	Blue	5'6 170	Tan	75	Living	
Maternal Grandfather	Brown	Blue	6'0 190	Fair	79	Living	
Paternal Grandmother	Blonde	Blue	5'5 140	Fair	76	Living	
Paternal Grandfather	Red	Hazel	6'0 200	Fair	77	living	
Children: (If Any) 1.	Blonde	Blue	4'5 50	fair	8	Living	
2.	Blonde	Blue	3'9	Fair	5	Living	
3.	Blonde	Blue	3'8	Fair	3	living	
4.							

Are you adopted? _no_ If yes, do you have access to your biological health history? _____

Twins or multiple births in the family? yes_____ If yes, how many sets? ___1_____

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) No_
Sickle Cell (African American) _No_____
Thalassemia (Greek/Italian) _No_____
Tay-Sach's (Jewish) ___No_____
Fragile X _No____
Spinal Muscular Atrophy No_____

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

How would you describe your personality and temperament? Very easy going, very loving and love to be around my friends and family

What is your philosophy of life? Live life like you won't be here tomorrow. :)

What qualities and characteristics would you hope the recipient parents possess? Loving people and nurturing outgoing, intelligent, loves outdoors activities.

How does it make you feel at the possibility of their offspring knowing about the donation? I am ok with that because one day they will realize that this was for them to start a family and that they did whatever they could:)

How would you describe your childhood? Very happy and always knew that I was cared for and loved

What is the earliest memory you hold as a child? Going fishing with my dad

What was it like growing up in your family? Great we had our occasional ups and downs but overall was a nice childhood!

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Ride my bike outdoors

At home I was expected to: clean my room

My parents were strict about: my grades

My parents taught me to value: my friends and family

What I loved most about my father was: he was always there for me no matter what

What I loved most about my mother was: how great of a relationship we had

My favorite relatives were: my cousin Candice, she was my best friend

I loved to visit: my grandparents house up in black hawk

In comparison to others I was: the most outgoing

Your Teenage Years:

Describe yourself as a teenager: outgoing and loved being with friends

Describe your achievements: growing up which I did very quickly. I started a family with my husband and we now have 3 children which I consider a huge achievement plus I'm going to be starting school soon so I am most proud of myself for that.

Did you do poorly at anything? only if I didn't give it my all

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

What do you hope to achieve by volunteering in an egg donor program? helping a couple begin a family in hoping one day they are able to share the joys I have with parenthood:)

What message would you like passed on to the recipient of your eggs/their offspring? That although this is how they had to conceive it's not what makes a family it's all in how you make it.

What helped you decide to become an egg donor? I have a couple friends that are having difficulties on getting pregnant and having a child or carrying a child to full term I have seen the ups and downs in all of this and I couldn't be more sure that I want to help someone else.

Do you consider yourself a reliable person? Very

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? __religious yes

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?

Starting a family, And another goal would be to achieve a prosperous job to help provide along with my husband for my family.

What do you see yourself doing in the next 5-10 years? finishing school and have began a career

What would you like your recipient couple to know about you that has not already been asked? _____

What is your favorite color? _____Green_____

Favorite type of food? _____Italian food_____

Favorite movie? ____anything adventurous and or family

Favorite type of music? __country_____

Favorite Book? ____harry potter novels_____

Would you be willing to donate to gay or single prospective parents? _yes__ Please specify: Either

Would you be willing to meet a child conceived as the result of your donation? _yes____ Please elaborate: Yes I would I think it would actually be really neat knowing I actually helped another family to have a child.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? yes

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

I believe it's up to each individual

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 I would consent to that.

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?

Yes

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'm fine with it

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

I am ok with that as well

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					x		
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer					x		Smoker
F. pneumonia					x		
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/EN DOCRINE							
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/REPRO DUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							

D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							
NEUROLOGICAL	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. migraines	x		x		x		Not regular and managed by Tylenol only.
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/J OINTS							
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							

12/2007

<u>RISK FACTORS</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
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?		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? **Yes** **No**

Have you ever been diagnosed with hepatitis? **Yes** **No**

Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months? **Yes** **No**

Have you ever been diagnosed with or suspected to have West Nile Virus? **Yes** **No** **if so, when?**

Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis? **Yes** **No** **if so, when?**

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?**

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone? **Yes** **No**

Do you have a history of changes in cognition, speech or gait? **Yes** **No**

Have you ever received a blood transfusion? **Yes** **No** **if so, where?**

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**

(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**

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

Yes **No** if so, where?

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?

If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there?

Yes **No**

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?

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?

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**

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

Yes **No**

(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
--	------------	-----------

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: _____February 2,2012_____

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: ____February 2,2012_____

Witness to Signatures above: _____

Date: _____

