

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

**Donor Number: 0282 (For Agency Use Only)**

Today's Date: 09/29/2009

Date of Birth: 08/03/1984

How did you hear of An Eggceptional Match? (If website, pls. specify): Personal Reference-Current Donor with AEM

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

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

Address: \_\_\_\_\_ City: Indianapolis State: IN 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? Anytime

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: 27      Height: 5'3"      Weight: 103      **Measurements:** Bust 31"      Hips 34.5"      Waist 25"

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

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

Mother's Side: Belarusian

Father's Side: Belarusian

Blood Type: A (**+** or -)

Place of Birth: Hoyniki, Belarus

What celebrity do people most commonly say you look like? Eva Green, Audrey Tatou

**\*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	several	numerous	
	*Freckles	none	several	moderate	numerous	deep	
	*Dimples	none	slight	medium			
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 _____ to _____ years of age						

## REPRODUCTIVE HISTORY

Age at first period? 14      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? 3-4 days

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

Method of birth control? Trivora (Pill)      If none, in the past? \_\_\_\_\_

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

Have you ever been treated for infertility? No

Did your mother take DES while she was pregnant with you? No

## LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1. 2010	Girl	No	No	No	No
2.					
3.					
4.					
5.					
6.					

Any complications? No

## 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? Yes

If yes, what is your hourly wage? \$10

How many hours per week do you work? 25

Will you require childcare reimbursement? No

If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

## MEDICAL HISTORY

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

1. No

Have you had a blood transfusion in the last 12 months? No

If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? Yes If yes, please explain: Food Poisoning

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? \_\_\_\_\_ If yes, please explain reaction in detail: Never had anesthesia

\*Do you smoke cigarettes? No Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit 1

Do you now or have you ever taken recreational drugs? No If so, What? \_\_\_\_\_

Do you drink alcohol? Yes If yes, how many drinks per: day? \_\_\_\_\_ week? 1-3 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? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship? **Yes** No

If yes, for how long? 4 years

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?

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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 I had an abnormal pap right after I had a minor infection. It was normal in 6 mos.

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

Trivora, Emergen C.

**\*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: \_\_\_\_\_)

Currently in College pursuing a degree in: I'm in the process of transferring credits to IUPUI

Completed College with degree in: \_\_\_\_\_

Currently pursuing advanced degree in: \_\_\_\_\_

Completed advance degree in: \_\_\_\_\_

Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_

ACT's: \_\_\_\_\_

College GPA: \_\_\_\_\_

We had a different grading system

Please list names and year of all colleges attended:

College

Year

1. Minkd State Linguistic University 2002-2004

2. \_\_\_\_\_

3. \_\_\_\_\_

What was your favorite subject in school? Math, Literature You're least favorite? Physics

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: Getting 100% scholarship to MSLU

Currently I have a career in: I work at a bank currently

I have been in this profession for 7 days/mos/years

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

Languages: Speak: Belarusian, Russian, English, Ukranian

Read: Belarusian, Russian, English, Ukranian, Polish

Write: Belarusian, Russian, English

I consider myself: Athletic Active Average Inactive

Physical activities include: Jogging, snow skiing, swimming, horseback riding

Have you excelled in any physical activities? Running

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Very healthy, a lot of fruits and veggies

Other skills or talents? Very good cook, proficient with firearms and computers. Good at ballroom dancing.

Do you show artistic or musical ability? Yes If yes please explain: Played accordeon in school; enjoy photography as a hobby; drawing.

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Dk. Brown	Dk. Brown	5'2" 155	Med	47		
Father	Dk. Brown	Dr. Brown	5'8" 160	Med	52		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Dk. Brown	Green	5'3" 104	Fair	26		
2.							
3.							
4.							
Maternal Grandmother	Brown	Blue	5'4" 120	Med	72		
Maternal Grandfather	Brown	Hazel	5'9"	Fair		71	Stroke
Paternal Grandmother	Lt. Brown	Green	5'3" 168	Med		74	Stroke
Paternal Grandfather	Black	Brown	5'8"	Fair	82		
Children: (If Any) 1.							
2.							
3.							
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:

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Has anyone in your family been born with a birth defect? No If yes, please explain in detail:

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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) \_\_\_\_\_

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

How would you describe your personality and temperament? Energetic, friendly, adventurous, temperament type-sanguine

What is your philosophy of life? Aceive harmony and happiness in life through clear conscience and good deeds

What qualities and characteristics would you hope the recipient parents possess? Intellect, big heart, strong family ties, sense of humor

How does it make you feel at the possibility of their offspring knowing about the donation? I hope it dosen't hurt him/her emotionally

How would you describe your childhood? Happiest time of my life!

What is the earliest memory you hold as a child? Out trip on a train to Ukraine when I was 4.

What was it like growing up in your family? Our family is very close. We always had meals together; worked together in the garden; building a house for ourselves and traveled a lot.

What religion did you belong to as a child? Russian Orthodox

**When I Was A Child:**

My favorite thing to do was: Reading, riding my bike, playing with animals

At home I was expected to: Do my chores without being asked

My parents were strict about: Lying

My parents taught me to value: Things money can't buy; dignity, honesty and friendship

What I loved most about my father was: He always considered my opinion

What I loved most about my mother was: She could make everything better, very cheerful woman

My favorite relatives were: My grandparents, my uncle, my cousins

I loved to visit: Everybody and loved when people visited us

In comparison to others I was: A tomboy. Loved to play in the woods, fishing

**Your Teenage Years:**

Describe yourself as a teenager: I read most of my free time. I was a big dreamer and seriously considered working for Green Peace.

Describe your achievements: I was one of the top students at school, took part (and sometimes won) in numerous school and city linguistic contests; worked for the local oppositional newspaper as a reporter.

Did you do poorly at anything? Not really.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Sometimes I felt like I should have been about 3 years older. My mind outgrew my body.

What do you hope to achieve by volunteering in an egg donor program? I just want to help a good couple find happiness that they deserve.

What message would you like passed on to the recipient of your eggs/their offspring? Value everything you are given as a family.

What helped you decide to become an egg donor? A friend of mine has been doing it and strongly recommended it.

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? Rather spiritual. I don't like churches for the financial and political side of them but I do respect true faith in people.

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? To build as strong of a family as mine is; to become a vet and open an animal shelter in my hometown. Working on both.

What do you see yourself doing in the next 5-10 years? Hopefully I will finish school by then. Raising 1-2 kids, working at a vet clinic and working on opening one of my own.

What would you like your recipient couple to know about you that has not already been asked? For the past 5 years I had been fighting to get my resident status; up until last winter. No now, sadly, I'm also familiar with immigration law ☺

What is your favorite color? Red

Favorite type of food? Seafood

Favorite movie? Pulp Fiction;Dancer in the Dark

Favorite type of music? Classical, Latin

Favorite Book? Too many...Master and Margarita, Idiot, The moon and Sixpence, etc....

Would you be willing to donate to gay or single prospective parents? No Please specify: \_\_\_\_\_

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Would you be willing to meet a child conceived as the result of your donation? No Please elaborate: \_\_\_\_\_

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Would you be interested in possibly meeting the prospective parents? I would like to meet them, as it is hard to know somebody based on a written profile.

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

I believe it is only humane towards both the parent and the fetus.

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 as long as I can have some information about the potential couple.

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 can donate them to the research and I will sign a consent

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

I respect the privacy of their decision.

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

I don't mind.

Is there a message you would like to leave for your prospective parents? I have never met you but I would like to thank you for this opportunity to help. I hope that you build a great family and I hope that this is exactly what you want and that you never have regrets!!

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					X		
B. heart attack							
C. heart disease						Cousin	Transplant
1. from birth						X	
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure		X					Very Moderate
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			X				Only in Autum
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	X						Benign
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					X		Gpa in his wrists-Age
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				X			Sister-shortsighted
<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							

<b>RISK FACTORS</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Have you ever been sexually active weith a male who was gay or bisexual?	<b>Yes</b>	<b>No</b>	
Have you ever injected drugs or had a sexual partner who did so?	<b>Yes</b>	<b>No</b>	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	<b>Yes</b>	<b>No</b>	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	<b>Yes</b>	<b>No</b>	
Have you ever had sex in exchange for money or drugs?	<b>Yes</b>	<b>No</b>	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	<b>Yes</b>	<b>No</b>	
Have you ever been sexually active with a person Who was known or suspected to have HIV, hepatitis B or hepatitis C?	<b>Yes</b>	<b>No</b>	
Have you been exposed to body fluids, open wounds, Non-intact skin or mucus membranes of any personKnown or suspected to have HIV, hepatitis B and/or C?	<b>Yes</b>	<b>No</b>	
Have you had an accidental needle stick within the Past 12 months?	<b>Yes</b>	<b>No</b>	
Have you ever been or have you had a sexual partner who was incarcerated for 72 concecutive hours or longer?	<b>Yes</b>	<b>No</b>	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	<b>Yes</b>	<b>No</b>	

**(Cont'd)**

Have you acquired a tattoo or other skin piercing procedure within the preceeding 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?	<b>Yes</b>	<b>No</b>
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From 1980 to present, have you spent time that adds up To 5 years or more in Europe?	<b>Yes</b>	<b>No</b>	if so, where? <b>Belarus</b>
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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?	<b>Yes</b>	<b>No</b>	<b>If so, when?</b>
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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?	<b>Yes</b>	<b>No</b>
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Have you ever had sexual contact with anyone who was born Or lived in any Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?	<b>Yes</b>	<b>No</b>
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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	<b>Yes</b>	<b>No</b>	<b>if so, when?</b>
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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?	<b>Yes</b>	<b>No</b>	<b>if so, who?</b>
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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	<b>Yes</b>	<b>No</b>
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Have you ever received a human organ, tissue transplant or human extract?	<b>Yes</b>	<b>No</b>
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**(Cont'd)**

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Have you ever been excluded as a blood donor?	<b>Yes</b>	<b>No</b>	<b>if so, why?</b>
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Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b>No</b>
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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?	<b>Yes</b>	<b>No</b>
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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: \_\_\_\_\_