

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

Donor Number: 0312 (For Agency Use Only)

Today's Date: 8-17-2010

Date of Birth: 12-31-1986

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

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

Full Legal Name and any aliases:

Social Security #: Insurance Co: BLUE CROSS

Address: City: AMARILLO State: TX 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? 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? Feb. 14, 2013

Who may we contact in case of an emergency?

Relationship:

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: 24 Height: 5'9" Weight: 120 Measurements: Bust: 37 Hips: 35 Waist: 29

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) IRISH GERMAN DUTCH ENGLISH

Mother's Side: IRISH AND DUTCH

Father's Side: GERMAN AND ENGLISH

Blood Type: _____ (+ or -) Place of Birth: MEMPHIS, TEXAS

What celebrity do people most commonly say you look like? NOT SURE I LOOK LIKE ANYONE

***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** DARK BLOND
*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
*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 17

Dental: *Device none braces retainer other _____
*Reason cosmetic accident disease other _____
*Age during use 12 to 13 years of age

REPRODUCTIVE HISTORY

Age at first period? 13-14 Are your cycle's regular? YES

How long are your cycles from day one to the next day one? 30 DAYS How long do they last? 5-7DAYS

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

Method of birth control? None If none, in the past? _____

Have you ever been pregnant? NO If yes, did you have trouble conceiving? _____

Have you ever been treated for infertility? NO

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

LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.					
2.					
3.					
4.					
5.					
6.					

Any complications? _____

DONATION HISTORY

Have you ever donated your eggs before? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
12/16/2010	20	15	Yes-Twins	Singleton-1 twin absorbed at 12 weeks
11/2011	Pending			

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? 3 Blastocyst

What is the compensation you are asking for your donation? \$8000 (1st time donors \$5,000)

What is the least amount you would consider? OPEN TO DISCUSSION

Will you require missed wages from work? YES

If yes, what is your hourly wage? \$10.00

How many hours per week do you work? 30-40 HRS

Will you require childcare reimbursement? NO

If yes, what is the hourly rate? _____ X _____ kids

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

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

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? 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?

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? N/A week? 1-2 month? 4-8

Do you have any allergies to drugs or environmental exposures? NO Pls. explain: _____

Describe any childhood allergies that you have outgrown: HAD NONE AS A CHILD

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, NO, & 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 If yes, for how long? LITTLE OVER ONE YEAR NOW

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? BACK IN LATE AUGUST EARLY SEPTEMBER 2009- CLEARED.

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? Yes No If yes, please explain treatment _____

Please list all prescription or over the counter medications including dosage you are currently taking: JUST CAME OFF THE PILL LEVORA

***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 A-B'S

Jr. High School B'S

Sr. High School (GPA: 3.2)

Currently in College pursuing a degree in: _____

Completed College with degree in: _____

Currently pursuing advanced degree in: _____

Completed advance degree in: _____

Vocational/Trade School: _____

Test Scores: SAT's: _____

ACT's: _____

College GPA: _____

Touring college in Dallas for possible enrollment

Please list names and year of all colleges attended:

College

Year

1. _____

What was your favorite subject in school? HISTORY & ENGLISH You're least favorite? SCIENCE

Dean's List or Honor Roll? NO

As an adult I am most proud of: THE STRONGWILLED CONFIDENT WOMEN I'VE BECOME.

Currently I have a career in: AIRLINE INDUSTRY

*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: LIFTING WEIGHTS, WORKING OUT TO INSANITY VIDEO, JOGGING, HIKING, JOGA, ETC...

Have you excelled in any physical activities? BALLET, JAZZ, CROSS COUNTRY, TRACK

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: HIGH NUTRITION, LOW FAT DIET

Other skills or talents? WRITE POEMS, BEEN IN CHURCH PLAYS, CHOIR Do you show artistic or musical ability?
YES If yes please explain: CRAFTY, CREATIVE, NATURED

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	BROWN	BROWN	5'8.5'' 175	OLIVE	63		
Father	BROWN	BLUE	6'2.5'' 200	FAIR	63		
Brother: 1.	BLOND	BLUE	5'10'' 145	OLIVE	29		
2.	BLOND	BROWN	6'0'' 130	FAIR	21		
3.							
4.							
Sister: 1.	BLOND	BLUE	5'8'' 123	OLIVE	32		
2.							
3.							
4.							
Maternal Grandmother	BROWN	BLUE	5'4'' 145	FAIR	83		
Maternal Grandfather	BROWN	BROWN	5'10'' 170	OLIVE		80	HEART ATTACK
Paternal Grandmother	AUBURN	BLUE	5'8'' 145	FAIR		76	PARKINSONS
Paternal Grandfather	BLACK	BROWN	5'7'' 145	OLIVE		91	CONGESTIVE HEART FAILURE-AGE
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? YES If yes, how many sets? 2 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) 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? SLIGHT TOMBOY, BUT LOVE MY GIRL TIME AND DRESSING UP, FUNNY, OUT GOING, WITTY, SARCASTIC AT TIMES, ALWAYS SMILING AND LOOKING FOR A GOOD TIME. SLOW TO TEMPERMENT. RARELY GET UPSET. I'M JUST A HAPPY PERSON.

What is your philosophy of life? A DAY WITHOUT LAUGHTER IS A DAY WASTED!

What qualities and characteristics would you hope the recipient parents possess?
ACTIVE, HAPPY, FUN, LOVING AND UNDERSTANDING PEOPLE.

How does it make you feel at the possibility of their offspring knowing about the donation?
I WOULDN'T MIND AT ALL.

How would you describe your childhood?
FUN, LOVING HOME, VERY FAMILY ORIENTED, EVERYTHING A CHILD COULD WISH FOR.

What is the earliest memory you hold as a child? SNEAKING INTO MY CLOSEST IN THE MIDDLE OF THE NIGHT TO PLAY WITH MY TOYS. MY PARENTS WOULD COME IN AND PUT ME BACK TO BED. WHEN I HEARD THAT THEY WERE BACK IN THEIR ROOM I WOULD SNEAK BACK INTO MY CLOSEST. I WAS 3.

What was it like growing up in your family? ALWAYS SOMETHING TO DO. OLD FASHION RULES AND MORALS, I HAD THREE SIBLINGS SO ALWAYS HAD SOMEONE TO PLAY WITH. IT WAS A GOOD CHRISTIAN HOME.

What religion did you belong to as a child? CHRISTIANITY

When I Was A Child:

My favorite thing to do was: PLAY OUTSIDE!

At home I was expected to: CLEAN MY ROOM AND DO HOMEWORK BEFORE I COULD PLAY.

My parents were strict about: EVERYTHING! LOL! MOSTLY GETTING ALONG WITH SIBLINGS AND KEEPING HOUSE CLEAN.

My parents taught me to value: FAMILY, MYSELF, AND WHAT WE HAD.

What I loved most about my father was: SNUGGLING UP NEXT TO HIM AND WATCHING ALL THE BALL GAMES!

What I loved most about my mother was: SHE WAS ALWAYS JOKING AROUND AND SHE LET ME HELP COOK.

My favorite relatives were: MY GRANDDADDY!

I loved to visit: THE PLACE WERE WE KEPT OUR HORSES AND THE PLACE WE ROAD GO-CARTS.

In comparison to others I was: ALWAYS BEHAVING! WE WEREN'T ALOUD TO ACT UP.

Your Teenage Years:

Describe yourself as a teenager: SLIGHTLY REBELLIOUS, WAS KINDA THE BLACK SHEEP IN THE FAMILY, WAS ALWAYS LOOKING FOR ADVENTURE AND TO HAVE A GOOD TIME.

Describe your achievements: WON MANY CROSS COUNTRY METALS, IN CHOIR WE WON MANY UIL COMPITITIONS, AND ALSO WAS VOTED BY MY PEERS TO BE IN THE LIONS CLUB QUEEN CONTEST AND AFTER TYING TWICE AND RECEIVE FIRST RUNNER UP.

Did you do poorly at anything? I WAS NEVER REALLY GOOD AT MATH OR SCIENCE BUT IT JUST TOOK A LITTLE APPLYING MYSELF TO GET WHATEVER I NEEDED DONE.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? NEVER HAD HEALTH PROBLEMS, MY GIRLFRIENDS HATED ME FOR NEVER GETTING A ZIT, AND I MADE FRIENDS QUITE EASILY, AND JUST HAD TO APPLY MYSELF IN SCHOOL.

What do you hope to achieve by volunteering in an egg donor program? HELPING OUT A COUPLE THAT ISN'T AS FORTUNATE AS OTHERS TO CONCEIVE, WHAT GREATER GIFT COULD BE GIVEN THAN TO HELP SOMEONE'S DREAM COME TRUE...

What message would you like passed on to the recipient of your eggs/their offspring?
MAY YOUR LIVES BE BLESSED AND FILLED WITH HAPPINESS!

What helped you decide to become an egg donor? TALKING TO A COUPLE OF GIRLFRIENDS I KNOW THAT CAN'T HAVE CHILDREN. SEEING THEM WITH THAT HEARTACHE WAS JUST AWFUL. I KNOW IN MY HEART SOMEONE WILL BE SO FILLED WITH HAPPINESS, AND THAT FEELING IS JUST WONDERFUL TO THINK ABOUT!

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

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 TRAVEL THE WORLD AND SEE ITS HISTORY SOMEDAY!

What do you see yourself doing in the next 5-10 years? HOPEFULLY ONE DAY GOING BACK TO SCHOOL, SOMETIME, BECOME A FLIGHT ATTENDANT, AND HOPEFULLY WITHIN TEN YEARS I'LL BECOME MARRIED! LOL!

What would you like your recipient couple to know about you that has not already been asked?
CAN'T THINK OF ANYTHING...

What is your favorite color? SKY BLUE!

Favorite type of food? STEAK AND SUSHI!

Favorite movie? STEAL MAGNOLIAS, THE DARK NIGHT, HOW TO LOSE A GUY IN TEN DAYS

Favorite type of music? ANYTHING BUT RAP! BUT TEXAS COUNTRY IS MY FAVORITE

Favorite Book? ANYTHING WITH NICHOLOUS SPARKS

Would you be willing to donate to gay or single prospective parents? Please specify: OPEN TO DISCUSSION

Would you be willing to meet a child conceived as the result of your donation? YES Please elaborate:

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)?
NEVER THOUGHT ABOUT. DEPENDS ON HOW FAR ALONG THE FETUS IS.

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'M SORRY NO. NOT AT THIS TIME.

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?
NOT INTERESTED.

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 DO NOT AGREE WITH NOT KNOWING HOWEVER OPEN TO DISCUSSION.

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

Is there a message you would like to leave for your prospective parents? THESE ARE TWO QUOTES FROM A BOOK I WAS GIVEN BY MY PARENTS. I HOPE THAT IN YOUR TIME OF NEED AND HELPLESSNESS, THESE VERSES HELP YOU AS MUCH AS THEY DID FOR ME.

“WHEN THE OUTLOOK IS NOT GOOD, WE SHOULD NOT FRET. WE NEED A CHANGE OF PERSPECTIVE TO REALIZE THAT GOD SEES TOMORROW MORE CLEARLY THAN WE SEE YESTERDAY. THE FUTURE IS COMPLETELY IN HIS HANDS!”

“WHEN WE LIVE AN ATTITUDE THAT LOOKS BACK OVER OUR LIVES WITH REGRETS AND “IF ONLYS” WE ROB OURSELVES OF HOPE. WE ROB OURSELVES OF THE JOY OF GOD’S GRACE. WHENEVER WE DO LOOK BACK OVER OUR LIVES WE MUST DO SO WITH GOD’S PERSPECTIVE- NO REMORSE OR REGRETS. WITH GOD’S PERSPECTIVE, WE WILL BE ABLE TO TRACE HIS HAND ON OUR LIVES AND SEE THAT HE HAS SWEEPED UP THE BAD THINGS OF LIFE AND TRANSFORMED THEM TO GOOD, JUST AS HE PROMISED HE WOULD. WITH GOD’S PERSPECTIVE WE WILL BE ABLE TO LIVE ABOVE REGRETS AND LIVE IN GOD’S PEACE AND JOY.”

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					*		GRANDDADDY AGE 80
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		*		*			MOM & SISTER
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)					*		MGM-DX 5 yrs ago. Total remission.
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							

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

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months? **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?
BACK IN LATE AUGUST EARLY SEPT 2009

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
---	------------	-----------

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: 8-19-2010

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: _____