

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

Donor Number: 0288 (For Agency Use Only)

Today's Date: November 21, 10

Date of Birth: March 28, 1989

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: N/A

Address: _____ City: Colorado Springs State: Colorado 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? If yes, please explain in detail:

How soon are you able to begin your donation? As soon as possible.

Who may we contact in case of an emergency?

Relationship Fiancé 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: 22 Height: 5'6 Weight: 160 Measurements: Bust 41 Hips 34 Waist 41

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

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

Mother's Side: Caucasian, and Athabaskan.

Father's Side: Caucasian

Blood Type: I don't know (+ or -) Place of Birth: Fairbanks Memorial Hospital; Fairbanks, Alaska

What celebrity do people most commonly say you look like? Somewhat like Eva Green.

***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:	<u>right-handed</u>	left-handed	ambidextrous			
Eyes:	*Color	<u>brown</u>	hazel	green	blue	
	*Set	narrow	<u>average</u>	wide		
	*Size	small	<u>average</u>	large		
	*Shape	round	oval	<u>almond</u>		
	*Shade	<u>light</u>	medium	dark		
Hair:	*Natural Color	blond	brown	black	<u>red</u>	
other	*Color as child	blond	brown	black	<u>red</u>	
	*Shade	light	<u>medium</u>	dark		
	*Type	straight	<u>wavy</u>	curly		
	*Fullness	thin	medium	<u>thick</u>		
	*Texture	fine	<u>medium</u>	course		
Nose:	*Size	small	<u>medium</u>	large		
	*Width	narrow	<u>average</u>	wide		
	*length	short	<u>average</u>	wide		
	*Nostril Flare	small	<u>average</u>	wide		
Cheekbones:	*Set	low	average	<u>high</u>		
	*Prominence	slight	<u>medium</u>	strong		
Mouth:	*Size	small	<u>average</u>	large		
	*Lips	thin	<u>average</u>	full		
Chin:	*Shape	square	<u>oval</u>	round		
	*Prominence	slight	<u>average</u>	strong		
	*Cleft	<u>none</u>	slight	medium		
Skin:	*Tone	<u>light</u>	med-light	medium	med-dark	dark
olive	*Tan Ability	none	<u>slight</u>	medium	easy	
	*Condition	<u>normal</u>	dry	oily	medium	
combination	*Acne	<u>none</u>	slight	medium	severe	at what
age_____						
Other Facial						
Features:	*Moles	<u>none</u>	one	several	numerous	
	*Freckles	none	several	moderate	<u>numerous</u>	

	*Dimples	none	<u>slight</u>	medium	deep
Eyesight:	*Vision	normal	far-sighted	<u>near-sighted</u>	
	*Glasses	none	<u>single</u>	bifocal	
	*Astigmatism	<u>yes</u>	no	age diagnosed	<u>18</u>
Dental:	*Device	<u>none</u>	braces	retainer	other _____
	*Reason	cosmetic	accident	disease	other _____
	*Age during use _____ to _____ years of age				

REPRODUCTIVE HISTORY

Age at first period? 11 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 26 to 28 days How long do they last? 7 days

Do you experience cramps? None Mild Average Severe

Method of birth control? Trinessa (birth control), Condoms 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? 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 (1st time donors \$5,000)

What is the least amount you would consider? 4,500

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? 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. _____
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: N/A

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? A year and a half

If no, will your partner consent to standard blood testing? N/A

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?

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:

Trinessa.

***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: 3.0)
Trying to pursue College to get a degree in: Business
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: _____

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

What was your favorite subject in school? Art or math You're least favorite? History

Dean's List or Honor Roll? _____

As an adult I am most proud of: I am most proud of striving as a healthy adult, and not succumbing to drugs or alcohol.

Currently I have a career in: Costumer Service

I have been in this profession for 4 days/mos/years

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

Languages: Speak: English, a bit of French, and a bit of Japanese.

Read: English, a bit of French, and a bit of Japanese.

Write: English, a bit of French, and a bit of Japanese.

I consider myself: Athletic Active ☒ Average Inactive

Physical activities include: Work, yoga, hiking, ect.

Have you excelled in any physical activities? Gymnastics when I was younger

Manual Dexterity: Dexterous ☒ Average Clumsy

I would describe my diet as: Decently balanced.

Other skills or talents? Sewing, sculpting, crafting, organizing, cooking, ect

Do you show artistic or musical ability? Yes If yes please explain: I'm artistically inclined. See above.

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'4 175 lbs.	Tan	37		
Father	Red	Grey Blue	6'0 165 lbs.	Fair	40		
Brother: 1. Moms	Brown	Brown	5'2 125 lbs.	Tan	9		
Sister: 1. Moms	Black	Brown	2'0	Tan	2		
Maternal Grandmother	Black	Brown	5'2	Tan	70		
Maternal Grandfather	Brown	Green	5'10	Fair		35	Casualty of war.
Paternal Grandmother	Auburn	Hazel	5'6	Fair	65		
Paternal Grandfather	Red	Green	Unknown	Fair	Unknown	Unknown	Unknown
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:

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

If yes to any of the above, were you determined a carrier? _____

How would you describe your personality and temperament? Strong willed, responsible, extrovert, stubborn.

What is your philosophy of life? I believe life is a beautiful thing, and you should do what makes you happy, whether that is to start a family, help a family along, or travel the world.

What qualities and characteristics would you hope the recipient parents possess? Responsible, caring, loving.

How does it make you feel at the possibility of their offspring knowing about the donation? Excited. To let the child know that their parents wanted them so much they were willing to go through the process, and have someone like me help them in the way I can.

How would you describe your childhood? Character building, educational, and loving.

What is the earliest memory you hold as a child? Having picnic with my father and eating a watermelon seed on accident; thinking a was going to turn into a watermelon, when I was about 2 and a half.

What was it like growing up in your family? Interesting, A lot of my family is artistic, so I had a unique way of growing up.

What religion did you belong to as a child? Christianity.

When I Was A Child:

My favorite thing to do was: Play with my friends, color, sculpt, help with making cookies.

At home I was expected to: Do my homework, do chores, ect.

My parents were strict about: Eating green beans, homework, and responsibility.

My parents taught me to value: They taught me the value of financial responsibility, and self worth.

What I loved most about my father was: Playing monopoly with him, and helping him make mashed potatoes.

What I loved most about my mother was: Late night talks as a teenager, and her understand.

My favorite relatives were: Uncle Shawn besides my parents, because he was very fun to hang our with, and we played card games together.

I loved to visit: My grandparents, because I always learned something new.

In comparison to others I was: Outgoing, and a quick learner.

Your Teenage Years:

Describe yourself as a teenager: Always trying to find ways to show my artistic expression, and fun loving.

Describe your achievements: Getting an A+ in ceramics all three years. Joining GSA. Getting an A in Japanese.

Did you do poorly at anything? History.

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? I hope to help a couple start a family, together with my help.

What message would you like passed on to the recipient of your eggs/their offspring? Good luck! I hope you have a lovely freckled child. And that I was happy to give them what I could to assist them.

What helped you decide to become an egg donor? My Fiancé, I've been up an down about it, since I'm younger, and most people would probably want someone older with a higher education, but he made me realize that I am smart and beautiful and someone would really enjoy the help I'd be giving them.

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? 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? Live on my own, start college, get a car, and start a family in due time. Yes, I have, two in fact.

What do you see yourself doing in the next 5-10 years? Finishing college, getting married, and starting a family

What would you like your recipient couple to know about you that has not already been asked? If they would like to know anything that isn't provided, they can call me or email me with any questions or concerns they may have.

What is your favorite color? Neon Green

Favorite type of food? Potatoes.

Favorite movie? 28 Days Later

Favorite type of music? Orchestra, rock, folk, electronica, ect.

Favorite Book? Where the Wild Things Are, The Vampire Armand, Why I Let My Hair Grow Out.

Would you be willing to donate to gay or single prospective parents? Both Please specify: A family is a family, color, religion, sex; they don't matter it's the love that they share as a couple to bring a child into the world that does.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I would love to meet a beautiful child that I helped a family bring into the world, to let them know that their parents wanted them so much, that I did what I could to help.

Would you be interested in possibly meeting the prospective parents? Yes, it would be great to meet a couple willing to bring a child into the world through great efforts.

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)? I believe everyone has a choice, to say yes or no, and it's a personal choice to make for the couple carrying the child.

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 think that they should be use to better peoples lives, not for me to just sit in profit.

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?

If this was to happen I would like to know what research they're doing if I could, and as long as it was to try and better man kind, I wouldn't mind.

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?

It was their choice to make, not mine. I chose to give them my eggs to help, and if there was left over, they're theirs to do what they will with them.

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

If that's that they need to do to fulfill their dream so be it, I think it's a beautiful thing to help a determined couple start a family.

Is there a message you would like to leave for your prospective parents? Hello, you may not know me, and if you never want to meet I understand. I just want to tell you thank you, for letting me help you with this process. I wish you the best of luck and I hope that this child brings you boundless happiness.

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							
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						Cousin Willie	I've seen him with an inhaler a few times.
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							
NEUROLOGICAL	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
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	Near sighted		Near sighted				
SKIN							
A. acne							
B. eczema				Brother			He had it when he was about 7, but he hasn't had an outbreak for some time.
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

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

Yes**No**

the Past 12 months?

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** ☒

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 **Yes** ☐ **No** ☒

anyone who was bornOr lived in any Cameroon,
Central Africa Republic, Chad, Congo, Equatorial,
Guinea, Gabon, Niger or Nigeria since 1977?

Have you or someone you know been diagnosed, **Yes** ☐ **No** **if so, when?**
treated or suspected of having
sudden acute respiratory syndrome?
(SARS)?

Have you, your sexual partner, and/or anyone **Yes** ☐ **No** **if so, who?**
you live with ever had a transplant or other
medical procedure that involvesBeing exposed to
live cells, tissues or organs from an animal?

Have you been exposed to blood, saliva or **Yes** ☐ **No**
fluids from the person described in the
proceeding question?

Have you ever received a human organ, tissue **Yes** ☐ **No**
transplant or human extract?

Have you ever been excluded as a blood donor? ☐ **Yes** **No** **if so, why? I wasn't old enough to donate.**

Have you been diagnosed or suspected to have **Yes** ☐ **No**
Chagas' disease?

Have you been exposed to significant **Yes** ☐ **No**
levels of radiation, toxic chemicals,
or heavy metals (such as lead, mercury or gold)
in your home or work environment?

Have you received a bite from an animal **Yes** ☐ **No**
suspected for rabies within the last six months?

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: By writing my full name I give my online consent.

Date: November 21, 2009

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: By writing my full name I give my online consent.

Date: November 21, 2009

Witness to Signatures above: By writing my full name I give my online consent.

Date: November 21, 2009