

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

Donor Number: **0172** (For Agency Use Only)

Today's Date:

Name: \_\_\_\_\_

Date of Birth: 01/26/1985

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

Address: \_\_\_\_\_ City: Alamosa State: CO Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a Message at (Pls. Circle): Home Work Cell

E-mail Address: \_\_\_\_\_

**I check my email:** all day **once a day** several times a week rarely

Are you currently listed with any other clinics or agencies? No If yes, whom? \_\_\_\_\_

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:

\_\_\_\_\_

How soon are you able to begin your donation? Immediately

Who may we contact in case of an emergency? \_\_\_\_\_ 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? No Are you willing to travel for an egg donation? Yes

Do you have any legal cases pending against you? No Have you ever filed bankruptcy? No

Have you ever been convicted of a crime? No If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PHYSICAL CHARACTERISTICS

Age: 26      Height: 5'6"    Weight: 165 lbs    **Measurements:** Bust 39    Hips 42    Waist 37

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

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

Mother's Side: German

Father's Side: Spanish

Blood Type: O (+ or -)

Place of Birth: Phoenix, AZ

What celebrity do people most commonly say you look like? Rachel Ray

Please circle appropriate response:

Body Type/Bone Structure:		small	<b>medium</b>	large			
Hands:		right-handed	<b>left-handed</b>	ambidextrous			
Eyes:	*Color	brown	<b>hazel</b>	green	blue		
	*Set	narrow	<b>average</b>	wide			
	*Size	small	<b>average</b>	large			
	*Shape	round	oval	<b>almond</b>			
	*Shade	<b>light</b>	medium	dark			
Hair:	*Natural Color	blond	<b>brown</b>	black	red	other _____	
	*Color as child	blond	<b>brown</b>	black	red		
	*Shade	light	<b>medium</b>	dark			
	*Type	straight	<b>wavy</b>	curly			
	*Fullness	thin	medium	<b>thick</b>			
	*Texture	fine	<b>medium</b>	course			
Nose:	*Size	small	<b>medium</b>	large			
	*Width	narrow	<b>average</b>	wide			
	*length	<b>short</b>	average	wide			
	*Nostril Flare	small	<b>average</b>	wide			
Cheekbones:	*Set	low	<b>average</b>	high			
	*Prominence	<b>slight</b>	medium	strong			
Mouth:	*Size	small	<b>average</b>	large			
	*Lips	thin	average	<b>full</b>			
Chin:	*Shape	square	<b>oval</b>	round			
	*Prominence	slight	<b>average</b>	strong			
	*Cleft	none	<b>slight</b>	medium			
Skin:	*Tone	light	<b>med-light</b>	medium	med-dark	dark	olive
	*Tan Ability	none	slight	<b>medium</b>	easy		
	*Condition	<b>normal</b>	dry	oily	medium	combination	
	*Acne	<b>none</b>	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 \_\_\_\_\_ to \_\_\_\_\_ years of age

Other: \*List \_\_\_\_\_  
 \*Reason/Cause \_\_\_\_\_

## REPRODUCTIVE HISTORY

Age at first period? 12 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 30 Days How long do they last? 3-4 Days

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

Method of birth control? None If none, in the past? Ortho-Cept and Depo

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

Have you ever been treated for infertility? No

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

### List of pregnancies and outcomes below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1. 2002	Female/Vag				
2. 2005	Female/Vag				
3.					
4.					

Any complications? None

## MEDICAL HISTORY

Have you ever had any surgeries? If so please list type and date: None

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? Yes If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? 4

Do you have any allergies to drugs or environmental exposures? No Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: None

Do you have any medical illnesses (diabetes, asthma, etc...)? No If yes, pls. explain: \_\_\_\_\_

Please list all prescription or over the counter medications including dosage you are currently taking: None

**\*To become an egg donor, you must be completely drug free. You must also be nicotine free for at least 6 mos. You may be tested for this substance at any time.**

Have you ever donated your eggs before? No If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?

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

What is the compensation you are asking for your donation? \$5000 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \_\_\_\_\_

Have you been sexually active in the past 6 months? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? Yes-4yrs  
If no, will your partner consent to standard blood testing? \_\_\_\_\_

Have you or your partner ever had a sexually transmitted disease? No If yes, when and what was your treatment regimen? \_\_\_\_\_

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

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

- ☐ Exposure to HIV
- ☐ Exposure to Hepatitis B or C
- ☐ Had sex in exchange for money or drugs
- ☐ Intravenous drug use
- ☒ Piercing or tattoos October 2006

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: \_\_\_\_\_)  
Currently in College pursuing a degree in: Nursing  
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. <u>Trinidad State Jr. College</u>	<u>2006-2007</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? Science You're least favorite? Math

Dean's List or Honor Roll? No

As an adult I am most proud of: My independence and level of maturity.

Currently I have a career in: Health Care

Hours per week I work : 15 I have been in this profession for 5 days/mos/years

\*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: Hiking, swimming, walking, jumping on a trampoline

Have you excelled in any physical activities? High School Track

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy with occasional splurge

Other skills or talents? \_\_\_\_\_

Do you show artistic or musical ability? No If yes please explain: \_\_\_\_\_

**\*Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process.**

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Lt. Brown	Green	5'2" 98 lbs	Fair	49		
Father	Black	Brown	5'4" 170	Med	51		
Brother: 1.	Dk. Brown	Brown	5'11" 220	Med	28		
2.	Dk. Brown	Blue	5'10" 225	Med	25		
3.	Dk. Brown	Brown	4'8" 68	Med	10		
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown		5'2" 115	Fair	79		
Maternal Grandfather	Brown		6'0" 180	Fair- Med		54	Heart Attack
Paternal Grandmother	Black	Brown	5'2" 175	Med	76		
Paternal Grandfather	Black	Brown	5'5" 175	Med	55		Unsure
Children: (If Any) 1.	Dk. Brown	Brown	3'1" 35	Med	4		
2.	Blonde	Brown	3'0" 33	Fair	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? I have a very easy going personality as well as temperament. I stay pretty focuses.

What is your philosophy of life? Every person has the ability to make their life what they want it to be.

What qualities and characteristics would you hope the recipient parents possess? A loving, gentle nature and are easy going.

How does it make you feel at the possibility of their offspring knowing about the donation? I think that is something that is only the IPs choice to tell and if they are comfortable with telling their offspring, then that's great.

How would you describe your childhood? I had a very happy, loving childhood. I always had what I needed and was well taken care of and lucky to have a very loving family.

What is the earliest memory you hold as a child? About 1-1 ½ yrs old at Disneyland and saw The Three Little Pigs.

What was it like growing up in your family? Wild at times growing up with only boys. We all had fun together. My mom did a lot of fun things with us. We also had a lot of family gatherings that I always loved. Christmas was the best because that's when everybody was at grandma's.

What religion did you belong to as a child? \_\_\_\_\_



### **When I Was A Child:**

My favorite thing to do was: I loved to be outdoors doing anything

At home I was expected to: Keep my room clean and do as I was asked by my mother

My parents were strict about: Curfew. That was something that had to be followed

My parents taught me to value: Myself. They taught me to make sure I'm always treated with the respect I deserve

What I loved most about my father was: The way he taught all of us to love the outdoors and appreciate it

What I loved most about my mother was: I don't think there is one thing I could pick, she the best person I know

My favorite relatives were: My maternal grandma and maternal aunt and paternal uncle

I loved to visit: My maternal grandma. We always had fun at her house

In comparison to others I was: Usually a little quite and shy

### **Your Teenage Years:**

Describe yourself as a teenager: I was pretty independent and had the best friends a girl could ask for. I did what my mother asked of. I never fought with her.

Describe your achievements: I think everything is an achievement if where you are in life makes you happy. For me, I'm very happy and proud of where I'm at.

Did you do poorly at anything? No, I didn't do poorly at things. I tried. I graduated high school with one one grade lower than a B throughout 11<sup>th</sup> and 12<sup>th</sup> grade

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No, I was a healthy, typical teenage girl. I enjoyed the social events during high school, some sports and did well in class.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): Emotionally I hope for the fulfillment of my purpose here, which is to help others.

What message would you like passed on to the recipient of your eggs/their offspring? I would like them to know that I strongly believe that everyone who desires to have children should be given the opportunity no matter how a child is conceived.

What helped you decide to become an egg donor? I wouldn't say anything helped me make the decision. I just feel that it is something I was meant to do. I feel I was meant to help make another family's dreams come true if I am able.

Do you consider yourself a reliable person? Yes I do

Do you consider yourself a punctual person? Yes I do

Would you describe yourself as a religious or spiritual person? I would say I'm more spiritual than religious.

Do you have any ethical, moral or religious reservations about being an egg donor? No, none at all

What are your personal goals? Have you achieved any of these goals? To have a career in the health care field. Go to and finish nursing school. Raise healthy, independent children and have a healthy marriage. Yes, I have achieved some of these goals.

What do you see yourself doing in the next 5-10 years? In the next 5-10 years I will have finished nursing school and become an RN hopefully working in OB.

What would you like your recipient couple to know about you that has not already been asked? That I'm a happy, fun loving person and very easy to get along with. I'd love to help this desiring family get one step closer to their dream.

What is your favorite color? Purple

Favorite type of food? Mexican or Pasta

Favorite movie? Walk the Line

Favorite type of music? I love all music

Favorite Book? Lovely Bones or any autobiography

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Anybody who desires a child deserves a child no matter what type of personal life they choose.

Would you be willing to meet a child conceived as the result of your donation? Possibly Please elaborate: I think that is a choice that should mainly be made by the child and parents

Would you be interested in possibly meeting the prospective parents? Yes, again, though I think it's a choice they need to make.

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

It's a personal decision of the IPs and whatever they feel is right.

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 think that's great and again, everybody deserves the chance. Yes, I would sign

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?

The possibilities research can bring are amazing and I think it would be wonderful to use remaining embryos for that. Yes, I would sign.

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?

That's a decision that they have made and I feel content with it.

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

Anything the couple needs and is willing to do is great in order to reach their dream.

Is there a message you would like to leave for your prospective parents? I would like to say that I think, in life everything works out the way it's meant to be. For me personally, I feel that this is something I am meant to do. I think that it is something I was put here, to help a desiring couple get closer to their dreams of parenthood. I think that this process takes very strong people and for you to be doing this, you must be amazing and loving people who are also determined to reach your dream. I would be honored to help in your journey and would be one of my greatest accomplishments by helping you. My thoughts are with you and may your dreams come true.

### 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: \_\_\_\_\_

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.

<b>HEART</b>	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack					x		mgf
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
<b>BLOOD</b>							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
<b>GASTRO-INTESTINAL</b>							
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						x	m-aunt
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
<b>METABOLIC/ENDOCRINE</b>							
A. diabetes mellitus					x		Pgm-lifestyle
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
<b>URINARY</b>							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
<b>GENITAL/REPRODUCTIVE</b>							
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							
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							
<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							