

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

Donor Number: 0323 (For Agency Use Only)

Today's Date: November 5, 2010

Date of Birth: July 28, 1989

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

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

Full Legal Name and any aliases:

Social Security #: Insurance Co: Kaiser Permanente

Address: . City: Highlands Ranch State: CO Zip:

Home Phone: Work Phone: n/a

Cell Phone: May we leave a voicemail message at: (Pls. Circle): Cell

Are email communications permissible? If so, what is your E-mail Address:
I check my email: several times a week

Are text messages permissible and if so at what telephone numbers? Yes

Are you currently listed with any other clinics or agencies? No

If yes, whom? _____ Have you signed a contract with any other clinic or agency?
_____ If so, please provide a complete copy to me.

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

How soon are you able to begin your donation? now

Who may we contact in case of an emergency?

Relationship Father Ph:

Who may we contact in case your demographics change? _____ Ph: _____

Are you (Pls. Circle): Single without relationship

Are you a U.S. Citizen? Yes

Do you have medical insurance? Yes

If so, provide name of your health plan and identification number:

Are you willing to travel for an egg donation? Yes Possibly if: it was necessary

Do you have any lawsuits or other legal claims pending against you? No

Have you ever filed bankruptcy? No If so, when? _____

Have you ever been convicted of a crime? No If yes, please provide details including date, name of criminal offense, date of conviction, location, etc.:

PHYSICAL CHARACTERISTICS

Age: 22 Height: 5'7" Weight: 125lbs Measurements: Bust 34 Hips 35 Waist 27

Race: Caucasian

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

Mother's Side: English

Father's Side: Swedish, German

Blood Type: A (+ or -) Place of Birth: Aurora, Colorado

What celebrity do people most commonly say you look like? Paris Hilton

***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: medium

Hands: right-handed

Eyes: *Color blue
*Set average
*Size average
*Shape oval
*Shade light

Hair: *Natural Color dirty blond
*Color as child blond
*Shade light
*Type wavy
*Fullness medium
*Texture medium

Nose: *Size medium
*Width average
*length average
*Nostril Flare small

Cheekbones: *Set average
*Prominence medium

Mouth: *Size average
*Lips average

Chin: *Shape round
*Prominence average
*Cleft none

Skin: *Tone med-light
*Tan Ability slight
*Condition normal
*Acne none

Other Facial Features: *Moles one
*Freckles none
*Dimples slight

Eyesight: *Vision normal
*Glasses none
*Astigmatism no

Dental: *Device braces
*Reason cosmetic
*Age during use __13__ to __14__ 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 days How long do they last? 3-4 days

Do you experience cramps? Mild

Method of birth control? Condoms If none, in the past? yes, the pill

Have you ever been pregnant? None 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? \$5,000

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

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

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

MEDICAL HISTORY

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

1. Wisdom teeth removed at age 18

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? _____

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? 3+ years ago If so, What? Smoked marijuana, hate it

Do you drink alcohol? yes If yes, how many drinks per: day? _____ week? _____ month? A few

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

Describe any childhood allergies that you have outgrown: No allergies

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? No If yes, is it a monogamous relationship? _____ If yes, for how long? _____

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)? 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 list all prescription or over the counter medications including dosage you are currently taking: NONE

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

EDUCATION

Highest Level of Education Completed: Grade School _____
Jr. High School _____
Sr. High School (GPA: 4.0_) _____
Currently in College pursuing a degree in: photojournalism
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: laser hair removal

Test Scores: SAT's: Reading- 620 Math- 600 Writing- 590 ACT's: 26 College GPA: 3.2

Please list names and year of all colleges attended: College Year

1. University of Colorado-Denver	2007-2009
2. Metro State College of Denver	2010-now

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

Dean's List or Honor Roll? Yes both

As an adult I am most proud of: my photography work

Currently I have a career in: student

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

*I have flexibility in my current profession: Yes

Languages: Speak: Some Spanish

Read: Some Spanish

Write: _____

I consider myself: Active

Physical activities include: walking, hiking, skiing, working out at gym, bike rides

Have you excelled in any physical activities? Did not play sports

Manual Dexterity: Dexterous

I would describe my diet as: healthy, small meals throughout day

Other skills or talents? I'm really good at stilt walking

Do you show artistic or musical ability? yes If yes please explain: studied music for two years at CU Denver, now studying photography. I know how to restore furniture and paint.

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Auburn, Brown	Green, Hazel	Petite, 5'5"	Light- medium	61		
Father	Brown	Brown	Tall, 6'1"	Light- medium	63		
Brother: 1.	Dark brown	Dark brown	5'7"	Medium- freckles	25		
2.							
Sister: 1.							
2.							
Maternal Grandmother	Auburn	light	Thin, 5'6"		86		
Maternal Grandfather	dark		6'0"			78	multiple myeloma and because of all the radiation and chemotherapy that advanced his dementia in his last months.
Paternal Grandmother	light	blue	5'8"		83		
Paternal Grandfather	brown		5'8"			72	stroke
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? My Mother was a twin If yes, how many sets? 1

Are there any known genetic diseases that run in your family? _No_ If yes, please identify all such diseases and explain in as much detail as possible: _____

Has anyone in your family been born with a birth defect? _No_ If yes, please explain in detail: _____

Have you had a brother or sister die in infancy or early childhood? No_ If yes, please explain the cause of death: _____

Have you ever been tested for:

Cystic Fibrosis (Caucasian) No
Sickle Cell (African American) No
Thalassemia (Greek/Italian) No
Tay-Sach's (Jewish) No
Fragile X No
Spinal Muscular Atrophy No

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

How would you describe your personality and temperament?

I am very easy-going, and down to earth. I am kind and polite to everyone. I am funny, charming and free spirited.

What is your philosophy of life?

Take everyday one day at a time but dream big and the bad times always pass.

What qualities and characteristics would you hope the recipient parents possess?

I would want them to be kind like me. I would hope they are loving, nonjudgmental people and want to give everything they can to their child.

How does it make you feel at the possibility of their offspring knowing about the donation?

I don't think it is an issue. Thanks to medical technology allowing this process to even happen I think that is amazing.

How would you describe your childhood?

There was lots of playing dress-up and make believe with school friends. My best friend Jenny lived down the street from me, we met when were toddlers and everyday it was playing either at her house or my house. My mom took me shopping a lot when she was home from trips and I liked that.

What is the earliest memory you hold as a child? Playing in my backyard at our old house.

What was it like growing up in your family? It was comfortable, we took lots of vacations because of my mom's travel

benefits. They took my brother and me to a lot of amusement parks. We played outside a lot in our backyard. My parents never argued. I can not remember them having a single argument growing up.

What religion did you belong to as a child? Christianity

When I Was A Child:

My favorite thing to do was: Make up stories and act them out like playing house.

At home I was expected to: Help with chores

My parents were strict about: Not making messes all over the house

My parents taught me to value: Money and how save it and use coupons

What I loved most about my father was: He knows every answer to anything you could possibly ask him

What I loved most about my mother was: She is very beautiful and is always there for her children, she was never selfish

My favorite relatives were: My grandma on my mom's side. She lived in Oregon

I loved to visit: Amusement parks, I love rides

In comparison to others I was: Very imaginative and outgoing

Your Teenage Years:

Describe yourself as a teenager: I was a good student, never failed a class, got straight A's all my life. I was a free spirit and did what I wanted though, I did not like to listen to my parents about curfew.

Describe your achievements:

In high school I was on the honor roll and graduated with valedictorian honors. When applying to colleges I got a scholarship to University of Miami but stayed in Colorado to be close to my friends and family instead.

Did you do poorly at anything? I did not like sports or organized athletics of any kind. I tried to fake my way out of gym all the time in middle school I hated it.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Never had any major illnesses other than the flu and cold once in a while. Never broke a bone or has been to the hospital for any reason. I had normal pimples that every teen girl gets around her period.

What do you hope to achieve by volunteering in an egg donor program? I hope to bring the blessing of a child to a couple or another adult.

What message would you like passed on to the recipient of your eggs/their offspring? Love your child and tell them often you love them. My parents told me they loved me a lot and I think that is most important.

What helped you decide to become an egg donor? I have always thought this was a fascinating process and I could really help a nice couple or parent that wants a child.

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?

I am very spiritual now that I am an adult and don't have to believe strictly what my parents believe. I believe there are many forces in our lives that can help us, not just one specific god.

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?

My personal goals are to focus and finish school soon. I took a year off to find more of a drive and ended up realizing that I like school and need it to stay on track. I want to have a creative, happy life and want to travel and spend time in other people's shoes when I get done with school.

What do you see yourself doing in the next 5-10 years?

Traveling a lot, possibly becoming a flight attendant like my mom. Also doing freelance photography or working for a website or magazine. Moving out of Denver to a bigger city.

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

I have big dreams for myself and spend everyday learning new things.

What is your favorite color? Any shade of pink

Favorite type of food? Salty foods

Favorite movie? Big Fish

Favorite type of music? Electronic music

Favorite Book? Don't have a favorite, like to read non-fiction and memoirs

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I absolutely do not discriminate against anyone.

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

If the child really wanted to meet me then possibly something could be worked out depending on the circumstances.

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

I am OK with them knowing my first name and if they needed to meet me then that would be fine.

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

It is up to the choice of the mother. I have never been in a situation where I was pregnant and facing this issue so I can not force beliefs on someone.

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?

That's fine

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?

That's fine

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 ok, the clinic can do what they need to do.

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

Whatever is needed to conceive is fine.

Is there a message you would like to leave for your prospective parents?

I'm happy your family has chosen this method of conception and I wish the very best with the creation of your beautiful child. I am an intelligent, attractive, healthy young woman with good morals and character. I am big-hearted, generous and always smile at strangers. I would hope you would bring a child into this world that is raised like this. I am happy to help with this process and wish your new family the very best in life.

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					Paternal Grandfather		Had a stroke in 1996 before he died
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							
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							
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					multiple myeloma		
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?		No	
Have you ever injected drugs or had a sexual partner who did so?		No	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?		No	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?		No	
Have you ever had sex in exchange for money or drugs?		No	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?		No	
Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?		No	
Have you been exposed to body fluids, open wounds, non-intact skin or mucus membranes of any person known or suspected to have HIV, hepatitis B and/or C?		No	
Have you had an accidental needle stick within the past 12 months?		No	
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?		No	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?		No	

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	No
Have you ever been diagnosed with hepatitis?	No
Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	No
Have you ever been diagnosed with or suspected to have West Nile Virus?	No
Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	No
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?	No
Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	No
Do you have a history of changes in cognition, speech or gait?	No
Have you ever received a blood transfusion?	No
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?	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?	No
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From 1980 to present, have you spent time that adds up to 5 years or more in Europe?	No
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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?	No
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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?	No
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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?	No
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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	No
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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?	No
--	-----------

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

Have you ever received a human organ, tissue transplant or human extract?	No
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(Cont'd)

Have you ever been excluded as a blood donor?	No
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Have you been diagnosed or suspected to have Chagas' disease?	No
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Have you been exposed to significant levels of radiation, toxic chemicals, or heavy metals (such as lead, mercury or gold) in your home or work environment?	No
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Have you received a bite from an animal suspected for rabies within the last six months?	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: 11-5-10

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: 11-5-10

Witness to Signatures above: _____

Date: _____