

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

Donor Number: 0318 (For Agency Use Only)

Today's Date: 10-25-10

Date of Birth: 02-26-87

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

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____

Address: _____ City: Arkansas city State: KS Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a voicemail message at: (Pls. Circle): Home Work **Cell**

Are email communications permissible? If so, what is your E-mail Address: _____
I check my email: **all day** once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? **Yes** No _____

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

Have you signed a contract with any other clinic or agency? No If so, please provide a complete copy to me.

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

How soon are you able to begin your donation? Now

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: 5'8 Weight: 130 **Measurements:** Bust-34 B Hips 32 Waist 27"

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

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

Mother's Side: German

Father's Side: Irish and American Indian

Blood Type: Unsure (+ or -) Place of Birth: Big Spring, TX

What celebrity do people most commonly say you look like? Jennifer love Hewitt

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

PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE

Body Type/Bone Structure: **small**

medium

large

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

REPRODUCTIVE HISTORY

Age at first period? 16 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 26-28 How long do they last? 4-6 days

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

Method of birth control? Adiema (2 months ago) If none, in the past? _____

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

Have you ever been treated for infertility? No

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

LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.	Male/vaginal 3-5-08				
2.	Female/vaginal 7-20-10				
3.		2005 at 4 wks			
4.					
5.					
6.					

Any complications? None both very healthy

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?
4/2011	31 (24 mature)	19-Transferred 2	Anonymous	Anonymous
8/2011	20	16	Yes	Pending

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? 2, 2.

What is the compensation you are asking for your donation? \$7500 (1st time donors \$5,000)

What is the least amount you would consider? ?

Will you require missed wages from work? Maybe

If yes, what is your hourly wage? 12 HR How many hours per week do you work? 15

Will you require childcare reimbursement? Yes If yes, what is the hourly rate? 2.50 X 2 kids

During travel assignments, will you: () Drive yourself to the airport and require parking reimbursement
() 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? X Yes ____ No

MEDICAL HISTORY

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

1. I had a minor surgery after my 2nd birth. I had some extra fluid in my abdomen, no problems since. They believe it was from giving birth but not sure. They made 3 small cuts to drain fluid out.

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

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? Just when I gave birth

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? _____ # 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: I seasonal allergies but not bad

Do you have any medical illnesses (diabetes, asthma, etc...)? Mild asthma If yes, pls. explain: Mostly have grown out of it now but do have an inhaler if needed.

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 If yes, for how long? 6 years

If no, will your partner consent to standard blood testing? _____

Have you or your partner ever had a sexually transmitted disease (trichomonias, chlamydia, syphilis, condyloma, gonorrhea, herpes)? Yes **No**

If yes, when and what was your treatment regimen?

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: Inhaler when needed and Tylenol when needed.

***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) _____
Currently in College pursuing a degree in: Business administration
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: Did not have to take, just placement tests. ACT's: _____ College GPA: 3.5

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Cowley College</u>	<u>05-07 early childhood education.</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? Writing and reading You're least favorite? Math ☺

Dean's List or Honor Roll? Honor yes in High school

As an adult I am most proud of: My children and being able to provide a great life for them.

Currently I have a career in: I own my own business and work at home.

I have been in this profession for 3 days/mos/years

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

Languages: Speak: English
Read: English
Write: Englisj

I consider myself: **Athletic** Active Average Inactive

Physical activities include: I exercise daily, running and walking mostly.

Have you excelled in any physical activities? I did cheerleading in high school and college

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: I try to eat very healthy, I love fruits

Other skills or talents? I love to dance and I find I catch on to things very quickly

Do you show artistic or musical ability? I like to think so but others don't I can sing ☺ If yes please explain: I also love to paint and draw but I'm not very good at it.

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'6 155	Fair	44		NA
Father	Brown	Blue	5'9 165	Medium	62		NA
Brother: 1.Half	Blonde	Blue	5'8 180	Medium	35		NA
2.							
3.							
Sister: 1.Half	Blonde	Blue	5'9 145	Fair	40		NA
2.							
3.							
Maternal Grandmother	Blonde	Blue	5'8 140	Fair		62	She was a long time smoker and it was very sudden
Maternal Grandfather	Brown	Blue	6'0 190	Medium		65	He had a heart attack also very sudden.
Paternal Grandmother	Blonde	Blue	5'5 125	Fair	78		
Paternal Grandfather	Brown	Brown	5'9 185	Dark	73		
Children: (If Any) 1.ashton	Light brown	Dark blue	35lbs				He is 2.5 years old and very tall for his age.
2.Alina	None yet	Blue	12 lbs				She is very healthy
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? 3

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? Yes If yes, please explain the cause of death: My mom had a baby before me and he was still born due to my mom having toxemia.

Have you ever been tested for:

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

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

How would you describe your personality and temperament? I'm very outgoing and I love helping others. I have a lot of patience and I never give up on what I'm trying to accomplish.

What is your philosophy of life? To live life to the fullest because you never know what could happen and I don't want to regret anything. I believe that everything happens for a reason and that god has a plan for everyone.

What qualities and characteristics would you hope the recipient parents possess? Patience and the ability to be selfless because you can no longer only worry about what you want it, you have to live for your children and put them before everything. Also stability is very important.

How does it make you feel at the possibility of their offspring knowing about the donation? I think it's great and if the parents would be comfortable in that I would not have a problem at all.

How would you describe your childhood? I had a great childhood because of my parents. I remember having tons of friends and always playing outside and having a lot of animals. I have been very fortunate in my up bringing and wouldn't change a thing.

What is the earliest memory you hold as a child? I remember when I was about 4 years old finding that my dog had puppies and crawling to get all 12 of them under the porch ☺

What was it like growing up in your family? We are very close and we always have been. I was taught me to always do my best in everything I do. I have a great family who have always been there for me.

What religion did you belong to as a child? I'm a Christian

When I Was A Child:

My favorite thing to do was: Riding my bike everywhere.

At home I was expected to: Do my homework and chores.

My parents were strict about: Homework

My parents taught me to value: My family and what I have. Also to help others who may not be able to help themselves.

What I loved most about my father was: He is the kindest person I know and would give about anything to someone if they needed it.

What I loved most about my mother was: She is very hardworking and puts others before herself.

My favorite relatives were: My sister and I are very close and we have always shared everything.

I loved to visit: My sister in Texas

In comparison to others I was: Funny and outgoing and loved to be the center of attention.

Your Teenage Years:

Describe yourself as a teenager: I was in cheerleading all throughout high school so that kept me very busy. I had many friends and I still keep in touch with many of them. I never got in trouble and had a really great relationship with my parents.

Describe your achievements: I have my own business at home which is a lot of fun. We recently bought are first house which is great! I also have earned 64 credits in business admin.

Did you do poorly at anything? I never really did poorly but didn't really enjoy math but I did good in it.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Nope, very healthy and maintained good grades.

What do you hope to achieve by volunteering in an egg donor program? I think it would be a great feeling to help someone have a child, I don't know what could be better. As me being a mom I couldn't imagine not being able to have children on my own and would want someone to help me.

What message would you like passed on to the recipient of your eggs/their offspring? I can't wait to get started and help you with this great experience. I will do everything I can to help you be successful in this donation. This is a wonderful opportunity for me to be able to help you with this.

What helped you decide to become an egg donor? We have 2 beautiful healthy children and we decided we are done, so why not help someone else have a child. I think it's amazing to be able to provide this to someone and give them the best gift ever. I know that this process takes a lot of work but it will be so worth it.

Do you consider yourself a reliable person? Very reliable

Do you consider yourself a punctual person? Yes, I make my own schedule and have 4 employees so I'm very punctual.

Would you describe yourself as a religious or spiritual person? Yes, and I believe god has a plan for everyone and that everything happens for a reason. I don't know where I would be without god in my life.

Do you have any ethical, moral or religious reservations about being an egg donor? None at all, I'm open to donating to anyone as long as they have lots of love to give their new baby.

What are your personal goals? Have you achieved any of these goals? One major goal I have recently achieved was buying a first house, which is great considering we are only 22 and 23 years old! Also I'm really happy where I'm at in my career.

What do you see yourself doing in the next 5-10 years? I plan on opening a business and being a great mom for my kids.

What would you like your recipient couple to know about you that has not already been asked? I promise I will do everything I'm supposed to do to make this successful.

What is your favorite color? Pink

Favorite type of food? Seafood

Favorite movie? I love movies so that's a hard one but I really like suspense and romance movies.

Favorite type of music? All kinds, country and R&B mostly.

Favorite Book? The secret

Would you be willing to donate to gay or single prospective parents? Yes Please specify: No preference open to anyone.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If the parents would allow that I think that would be great.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? Yes very comfortable with that, I think it would be good to meet them that way they could get to know me as well.

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

I would not choose to do this but every person has a right to make their own decisions.

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?

Of course

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?

Yes

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?

Not a problem

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

Perfectly fine

Is there a message you would like to leave for your prospective parents? I can't wait to get started and I can imagine how excited you are to start the process. From having two children myself I can tell you that there is nothing that comes close to the feeling of having a child and watching them grow up and learn everyday. I will do everything needed to make this successful for you and I can't wait to get started.

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					X grandfather		Sudden heart attack
C. heart disease							
1. from birth							
2. lifestyle					X grandmother		Long time smoker
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	x						Mild asthma never had major problems from it. inhaler occas.
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							
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
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Have you ever been diagnosed with hepatitis?	Yes	No
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Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	Yes	No
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Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
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Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	No	if so, when?
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Have you or any of your blood relatives been diagnosed and/or have a history of transmissible spongiform encephalopathy such as Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease?	Yes	No	if so, who?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No
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Do you have a history of changes in cognition, speech or gait?	Yes	No
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Have you ever received a blood transfusion?	Yes	No	if so, where?
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Have you visited or lived in the United Kingdom for three months or more between 1980-1996 including England, Scotland, Wales, Ireland, Isle of Man, Channel Islands, Gibraltar or Falkland Islands?	Yes	No
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(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
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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:

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: _____