

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

**Donor Number: 0164** (For Agency Use Only)

Today's Date: March 6, 2012

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

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

Date of Birth: 06/26/81\_\_\_\_\_

Social Security #: \_\_\_\_\_

Insurance Co: United Health Care\_\_\_\_\_

Address: \_\_\_\_\_

City: Waukesha State: WI 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? ASAP\_\_\_\_\_

Who may we contact in case of an emergency?

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 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: 30      Height: 5'2"      Weight: 110

Measurements: Bust 34      Hips 36      Waist 27

Race: [Caucasian](#) (African American, Asian, Hispanic, etc...)

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) [Italian and Norwegian](#)

Mother's Side: [100% Italian](#)

Father's Side: [100% Norwegian](#)

Blood Type: [O-](#) (+ or -)

Place of Birth: [West Allis, Wisconsin](#)\_\_

What celebrity do people most commonly say you look like? [None, but I think I look like Angelina Jolie](#) ☺

Please circle appropriate response:

Body Type/Bone Structure:    [small](#)                      medium                      large

Hands:                      [right-handed](#)                      left-handed                      ambidextrous

Eyes:	*Color	brown	<a href="#">hazel</a>	green	blue
	*Set	narrow	<a href="#">average</a>	wide	
	*Size	small	<a href="#">average</a>	large	
	*Shape	round	oval	<a href="#">almond</a>	
	*Shade	light	<a href="#">medium</a>	dark	

Hair:	*Natural Color	blond	<a href="#">brown</a>	black	red	other_____
	*Color as child	<a href="#">blond</a>	brown	black	red	
	*Shade	light	<a href="#">medium</a>	dark		
	*Type	straight	wavy	<a href="#">curly</a>		
	*Fullness	thin	medium	<a href="#">thick</a>		
	*Texture	fine	<a href="#">medium</a>	course		

Nose:	*Size	small	<a href="#">medium</a>	large
	*Width	narrow	<a href="#">average</a>	wide
	*length	short	<a href="#">average</a>	wide
	*Nostril Flare	small	<a href="#">average</a>	wide

Cheekbones:	*Set	low	<a href="#">average</a>	high
	*Prominence	slight	<a href="#">medium</a>	strong

Mouth:	*Size	small	<a href="#">average</a>	large
	*Lips	thin	<a href="#">average</a>	full

Chin:	*Shape	square	<a href="#">oval</a>	round
	*Prominence	slight	<a href="#">average</a>	strong
	*Cleft	<a href="#">none</a>	slight	medium

Skin:	*Tone	<a href="#">light</a>	med-light	medium	med-dark	dark	olive
	*Tan Ability	none	slight	<a href="#">medium</a>	easy		
	*Condition	normal	dry	oily	medium	<a href="#">combination</a>	
	*Acne	none	<a href="#">slight</a>	medium	severe	at what age 13	

### 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 12 to 16 years of age

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

## REPRODUCTIVE HISTORY

Age at first period? 13 \_\_\_\_\_ Are your cycle's regular? Yes \_\_\_\_\_

How long are your cycles from day one to the next day one? 28 \_\_\_\_\_ How long do they last? 6 days \_\_\_\_\_

Do you experience cramps? None Mild Average Severe

Method of birth control? Pill & Condom \_\_\_\_\_ 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 below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.2001	Female/Vag				
2.2006	Male/Vag				
3.					
4.					

Any complications? NO \_\_\_\_\_

## MEDICAL HISTORY

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

1. [Three prior egg retrievals.](#)

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? [1-2](#) \_\_\_\_\_ month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? [Yes](#) \_\_\_\_ Pls. explain: [Loritab & Feathers](#)

Describe any childhood allergies that you have outgrown: \_\_\_\_\_

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: [Sprintec](#)

**\*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? **Yes**\_\_\_\_\_ If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
11/07	10	7	Yes	Anonymous
1/08	10	7	Yes (Ectopic) FET 3/08	Anonymous
5/08	8	5	No	No

Were their embryos left to cryopreserve (freeze)? **Yes** If yes, approximately how many per cycle? **2-5**

What is the compensation you are asking for your donation? **\$7,000**\_\_ (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? **\$6000**\_\_\_\_\_

Will you require missed wages from work? **Possibly**\_\_\_\_\_

If yes, what is your hourly wage? **\$11.75/hr** How many hours per week do you work? **35hrs - flexible**

Will you require childcare reimbursement? **Possibly**\_\_\_\_\_ If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

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, 7 years**  
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
- ☐ **None of the Above**

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: \_\_\_\_\_)  
Currently in College pursuing a degree in: \_\_\_\_\_  
**Completed College with degree in: Police Science**  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: 26 \_\_\_\_\_ College GPA: \_\_\_\_\_

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

1. WCTC 2000-2004
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Dean's List or Honor Roll? Graduated with Honors

As an adult I am most proud of: My children and my husband. I am proud to be young, married, home owner, financially stable, healthy, and happy.

Currently I have a career in: Dance Instructor/Director and Administration

I have been in this profession for 7 yrs teaching – 2.5yrs administrative work days/mos/years

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

Languages: Speak: English & some Spanish  
Read: English  
Write: English

I consider myself: Athletic Active Average Inactive

Physical activities include: I dance about 20 hours a week and run frequently.

Have you excelled in any physical activities? Athletics have always come easy to me.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Salads, white meat, pasta, some snacks here and there.

Other skills or talents? I have been dancing since the age of 2 and danced professionally before my daughter was born.

Do you show artistic or musical ability? I was given the gift of dance, and unfortunately not much else as far as the arts go.

**\*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	Brown	Green	5'5"/140	Medium	52		
Father	Brown	Brown	5'8"/165	Olive	52		
Brother: 1.	Brown	Blue	5'11"/180	Olive	31		
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Brown	5'6"/145	Medium	79		
Maternal Grandfather	Brown	Brown	5'11"/175	Olive	86		
Paternal Grandmother	Brown	Blue	5'/100	Medium	77		
Paternal Grandfather	Brown	Brown	5'7"/160	Fair	79		
Children: (If Any) 1.	Brown	Brown	61"/90	Olive	10		
2.	Blond	Blue	45"/45	Medium	5		
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? **One**\_\_\_\_\_

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:

Cystic Fibrosis (Caucasian) **\_Yes**\_\_\_\_\_

Sickle Cell (African American) \_\_\_\_\_

Thalassemia (Greek/Italian) \_\_\_\_\_

Tay-Sach's (Jewish) \_\_\_\_\_

If yes to any of the above, were you determined a carrier? **\_NO**\_\_\_\_\_

How would you describe your personality and temperament? **I am extremely outgoing and friendly. I am trustworthy and a friend you can always count on. I'm pretty laid back and only get upset when I need to. I also tend to be strong willed at times. I find myself to be somewhat humorous, however my children might not agree.**

What is your philosophy of life? **Laugh often! Dance like no ones watching. Choose your battles wisely and never go to bed angry.**

What qualities and characteristics would you hope the recipient parents possess? **Warm and loving! They also must have love for life and each other.**

How does it make you feel at the possibility of their offspring knowing about the donation? **They are the parents, and therefore whatever decision they make should be respected.**

How would you describe your childhood? **I spent a lot of time with family. We were always getting together to celebrate someone's birthday. I am still very close with my cousins to this day. From what I can remember, it was pretty good. I did a lot of traveling with dance and with my brother's hockey team. For a long time I was a "rink-rat". I enjoyed it and it allowed me to be a part of what my brother liked to do.**



What is the earliest memory you hold as a child? Eating cheese balls while watching my brother get on the school bus out our front window.

What was it like growing up in your family? My mom is very close with her parents and brothers, therefore we spent a lot of time together. My grandparents have a pool, so we were there all the time. My father went back to college when I was 9, which left my brother, mother and I to move in my mom's parents. I learned a lot during those years and I feel blessed to have gotten the chance to become so close with them. My parents always made sure we had everything we needed and wanted. Even when times did not allow them to, somehow they did it. My parents didn't always have the best relationship with each other, but I always knew and felt I was loved.

What religion did you belong to as a child? Catholic

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

My favorite thing to do was: Dance & Swim

At home I was expected to: Clean my room and respect adults

My parents were strict about: Curfew!!!

My parents taught me to value: Myself, my family, and my friends.

What I loved most about my father was: Ability to let me make my own mistakes, and not rub it in my face.

What I loved most about my mother was: Her ability to be my friend, while still being my mother.

My favorite relatives were: My uncle Kevin and my cousins Jer & Kim.

I loved to visit: Our cabin in Door County.

In comparison to others I was: fortunate and blessed.

### **Your Teenage Years:**

Describe yourself as a teenager: I was actually a pretty good teenager. I was very into dance and my high school dance team, so that kept me out of trouble. My parents were pretty strict with curfew and never let me go to someone's house without first talking to their parents (which I hated, but fully intend to do with my children☺). I was trustworthy and honest.

Describe your achievements: I graduated with honors and had some of my poetry published. I earned a Varsity letter all 4 years in high school. I participated in National competitions in both Dance and Cheerleading.

Did you do poorly at anything? I was never great in math, although I did try. It didn't and still does not interest me very much.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Not really

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I don't really hope to "achieve" anything. I only want to help assist couples who can not conceive on their own.

What message would you like passed on to the recipient of your eggs/their offspring? Everything happens for a reason. It may not make sense at the time, but one day it will all fall into place. No matter how it happens, you were made with love. Your parents went through so much and they didn't stop until they brought you home. I feel honored that I could be small part in the process.

What helped you decide to become an egg donor? My husband's and our family's support. Also, the fact that we are done having children really helped in the decision. If I'm not using them, why not give them to someone who can?

Do you consider yourself a reliable person? Extremely reliable. If I set my mind to something, it will get done!

Do you consider yourself a punctual person? I am not a punctual person, I am an early person! If I am late for anything, it can be assumed it was out of my hands.

Would you describe yourself as a religious or spiritual person? I believe there is a higher power at work, but I believe you can be spiritual and religious on your own time and your own turf.

Do you have any ethical, moral or religious reservations about being an egg donor? As long as you have love in your heart, you should be able to have a child. I have no reservations about donating to ANYONE!

What are your personal goals? Have you achieved any of these goals? The only goal I ever set for myself was to be happy. Sounds corny, but its true. Yes, I have achieved this goal and surpassed it. I never planned my life would turn out the way it has, but I could not imagine it any different than how it has turned out. I get to watch my beautiful children blossom into individuals, alongside the man I love. I'm not sure it gets any better than that.

What do you see yourself doing in the next 5-10 years? Hopefully, exactly what I'm doing now.

What would you like your recipient couple to know about you that has not already been asked? I am choosing to donate out of love. Donating requires very little (in comparison) and what it creates is so much larger. I am thoroughly dedicated to this process and only want the best. When I kiss my children goodnight, I can not imagine what it would be like without them. I know you will be kissing your child goodnight soon.

What is your favorite color? Green

Favorite type of food? Potato Chips

Favorite movie? Sound of Music

Favorite type of music? Any, I like it all!

Favorite Book? Chicken Soup for the Mother's Soul

Would you be willing to donate to gay or single prospective parents? **YES** Please specify: \_\_\_\_\_

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

**I would not want either of our families to be negatively affected by it. I am open to meeting the child when the child is old enough to make the decision to meet me for themselves, and only if the parents support the meeting. If you would prefer we never meet, then I support that decision as well.**

Would you be interested in possibly meeting the prospective parents? **If the parents would like to meet, I am open to that.**

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

**You are the parents and are in control of making whatever decision you feel you need to. However, I would not like to know if this happened.**

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?

**Again, this is a decision that you must make and I will support whatever that decision is. Yes, I will sign a consent.**

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?

**Whatever is done with the embryos is the prospective parents choice. Yes, I will sign a consent.**

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 sounds a bit odd, since the embryos belong to the prospective parents. But, if they are okay with that, then I guess I am too.**

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

**I support whatever they have to do in order to bring their baby into the world. I feel bad that they would need to go through so much, but I know it is all done with love.**

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

**Pampers Swaddlers work the best! Choose your battles, because some you will never win. Create a pin that says, "I dressed myself today," and let your preschooler have some independence. Kids were meant to get dirty, that's why we have soap. Keep up on your baby book and take lots of pictures. Take other peoples advice with a grain of salt and a smile on your face. Everyone will have an opinion, but yours is the only one that counts. The laundry pile will never get smaller, no matter how many loads you do each day. Dog food will not harm a child if ingested (I know this). Embrace the fact that you will make a complete fool of yourself on a daily basis, just to get one little smile from a 6 month old. Do not be afraid to ask for help. Nobody can do it all, and it takes a brave person to ask for help. Set monthly date nights. As hard as it is to get away, you will still need to reconnect with each other. The greatest gift you can give your children is to love each other! Good luck, and remember hair will grow back!**

## 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.

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					x		Age
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							

	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							

It probably does sound too good, but everyone in my family is extremely healthy. My grandpa will turn 87 this year, and his mother died at 100. All of my grandparents live in their own homes with no outside help. None of them have any medical problems, except high blood pressure, which they didn't experience until they were in their 70s. As hard as it is to believe, I come from a very healthy family.