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720-733-0184  
Toll Free 1-877-745-3447  
info@donatedeggs.com

**Donor Number: 0247** (For Agency Use Only)

Today's Date: 12/17/2010

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

Name: \_\_\_\_\_ Date of Birth: 1/21/1983

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

Address: \_\_\_\_\_ City: Colorado Springs 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? ASAP

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: 28      Height: 5'6"      Weight: 130      **Measurements:** Bust 36      Hips 37      Waist 34

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

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

Mother's Side: German, Russian

Father's Side: Norwegian, German

Blood Type: \_\_\_\_\_ (+ or -)      Place of Birth: Colorado Springs, CO

What celebrity do people most commonly say you look like? Tara Reed (but I don't see it!)

Please circle appropriate response:

Body Type/Bone Structure:		<u>small</u>	medium	large
Hands:		<u>right-handed</u>	left-handed	ambidextrous
Eyes:	*Color	brown	hazel	green
	*Set	narrow	<u>average</u>	wide
	*Size	small	<u>average</u>	large
	*Shape	round	oval	<u>almond</u>
	*Shade	<u>light</u>	medium	dark
Hair:	*Natural Color	blond	<u>brown</u>	black
	*Color as child	<u>blond</u>	brown	black
	*Shade	light	<u>medium</u>	dark
	*Type	<u>straight</u>	wavy	curly
	*Fullness	thin	<u>medium</u>	thick
	*Texture	<u>fine</u>	medium	course
Nose:	*Size	<u>small</u>	medium	large
	*Width	narrow	<u>average</u>	wide
	*length	short	<u>average</u>	wide
	*Nostril Flare	small	<u>average</u>	wide
Cheekbones:	*Set	low	<u>average</u>	high
	*Prominence	slight	<u>medium</u>	strong
Mouth:	*Size	small	<u>average</u>	large
	*Lips	thin	<u>average</u>	full
Chin:	*Shape	square	<u>oval</u>	round
	*Prominence	slight	<u>average</u>	strong
	*Cleft	<u>none</u>	slight	medium

Skin: \*Tone 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 13 to 15 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? 31 How long do they last? 3-5 days

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

Method of birth control? Pill 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. 2005	Vaginal/Female				
2.					
3.					
4.					

Any complications? None

## MEDICAL HISTORY

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

1. Wisdom Teeth-2001

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? Yes If yes, please explain: Kidney stones during pregnancy

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? 1-2

Do you have any allergies to drugs or environmental exposures? Yes Pls. explain: All "cillins"

Describe any childhood allergies that you have outgrown: Milk, dust, mold

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: Yaz-Birth Control

**\*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?
7/11/12	9	5	No	No

Were their embryos left to cryopreserve (freeze)? No If yes, approximately how many per cycle? \_\_\_\_\_

What is the compensation you are asking for your donation? \$7000 (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? Negotiable

Will you require missed wages from work? Yes

If yes, what is your hourly wage? \$18.22 How many hours per week do you work? 40

Will you require childcare reimbursement? Yes If yes, what is the hourly rate? 25/Day X 1 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  
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? Yes If yes, please explain treatment Abnormal pap-No treatment needed-repeat. Ovarian cyst (only one when I first started my period)

**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: 3.60)  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: \_\_\_\_\_  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: 25 College GPA: \_\_\_\_\_

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

1.	_____	_____
2.	_____	_____
3.	_____	_____

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

Dean's List or Honor Roll? \_\_\_\_\_

As an adult I am most proud of: Establishing a career while having a child and being a single mom

Currently I have a career in: Administration

I have been in this profession for 4 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: Swimming, Aerobics, Hiking, keeping up with my 2 year old!

Have you excelled in any physical activities? No

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy. I rarely eat out and we make very well balanced dinners at home.

Other skills or talents? I am very organized and a multi-tasker with quick learning abilities.

Do you show artistic or musical ability? Yes If yes please explain: Baritone in middle school and choir in High School.

**\*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	Dk. Brown	Brown	5'5" 128	Med	52		
Father	Blonde	Blue	6'3" 195	Fair- Med	55		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Blonde	Blue		Fair		68	Cancer
Maternal Grandfather	Dk. Brown	Brown		Med- Dark		80	Pneumonia
Paternal Grandmother	Brown	Blue	5'4" 120	Fair	77		
Paternal Grandfather	Lt. Brown	Green	6'2" 190	Fair- Med		72	Natural Causes
Children: (If Any) 1.	Blonde	Blue	3'5" 37 lbs	Fair	4 ½		
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? \_\_\_\_\_ If yes, please identify all such diseases and explain in as much detail as possible: Cousin-hemophilia -I am not a carrier myself

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: 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 am shy at first but I am outgoing once I get to know you. I am easy going and don't upset easily.

What is your philosophy of life? Live life to the fullest and always treat others the way you want to be treated in return.

What qualities and characteristics would you hope the recipient parents possess? I hope that anyone who chooses to be a parent has patience and understanding. Good communication skills, trust and a supporting, loving family.

How does it make you feel at the possibility of their offspring knowing about the donation? I feel it is the parent's decision to tell the children.

How would you describe your childhood? I had a good childhood despite my parent's divorce when I was 5. I saw my father every other weekend and had a very stable upbringing.

What is the earliest memory you hold as a child? Spending 2 weeks out of the summer in Kansas with my family. We would go swimming, to the fair and help in my grandma's country store.

What was it like growing up in your family? I have a well sized family so we always were together, especially on the holidays. Family support and love is and always will be very important to me.

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



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

My favorite thing to do was: Read

At home I was expected to: Follow the rules, do my chores and do well in school

My parents were strict about: Showing respect

My parents taught me to value: Family, friends and life

What I loved most about my father was: His ability to make me feel included, even when we didn't see each other everyday.

What I loved most about my mother was: How nurturing she was and the truthfulness to everything

My favorite relatives were: My grandparents, Aunt Debbie and Cousin Kristy

I loved to visit: My grandma and other family in Kansas

In comparison to others I was: Very well behaved and advanced in my education

### **Your Teenage Years:**

Describe yourself as a teenager: I was (and still am) very easy going. I was great in school, involved in sports and in extra curricular activities.

Describe your achievements: I lettered in choir all 4 years. I lettered in wrestling (JV & Varsity) 3 years as a manager. I was in drama and had roles in 2 plays my jr. and sr. year.

Did you do poorly at anything? Math and science were my two least favorite subjects.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I am looking forward to helping families achieve their dreams of becoming parents. There is nothing in the world that compares to looking into your child's eyes for the first time!

What message would you like passed on to the recipient of your eggs/their offspring? None. I think everything they could want to know or I could tell them is in this application! ☺

What helped you decide to become an egg donor? My sister in law (also a donor with AEM).

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 do not attend church but I don't think you need to in order to believe there is a God or higher power.

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? Find the man of my dreams, have a wonderful family, good job/career that I enjoy. I have a wonderful boyfriend who I've known for a few years. My family is my world and I continue to advance in my career!

What do you see yourself doing in the next 5-10 years? I am looking forward to getting bills paid off, buying a house, expanding our family and continuing my career!

What would you like your recipient couple to know about you that has not already been asked? I am very excited and honored to be an option in their quest to grow their family!

What is your favorite color? Pink

Favorite type of food? German

Favorite movie? Dirty Dancing and Top Gun

Favorite type of music? Country and Rock

Favorite Book? Harry Potter and Twilight series

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I am a single parent and was raised by one. I see no reason why a single parent, married or gay would make a difference.

Would you be willing to meet a child conceived as the result of your donation? No Please elaborate: Once I donate my eggs to a couple, they are no longer mine. If they conceive, that child or children are theirs.

Would you be interested in possibly meeting the prospective parents? Yes

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

I believe it is up to the parents. I am 100% pro-choice.

How do you feel about the possibility of any remaining embryos being donated to another infertile couple that cannot afford the cost of infertility treatment? Will you sign a consent permitting such donation?

Yes. I would like to help as many families as possible experience the joy of parenthood!

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?

Yes, I would sign. If we can learn something from donating to research, I am all for it!

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?

I am fine with it. As I have stated before, once the eggs have been retrieved, they are no longer mine to make decisions about.

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

If that is what they need to do in order to have a baby, I would support them 100%.

Is there a message you would like to leave for your prospective parents? I have pretty much said and explained everything I can!

### 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							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem						X	Cousin
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	X						Once when I was 13 and just started my period but not since then.
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					X		MGF @ 76
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					X		MGM-diagnosed when she was 59, had a single mastectomy and she was on Tamoxifen for a few years and she was cancer free. Five years after her original diagnosis it came back and it had spread to the bone and then she was on chemo from then on until she passed away from the cancer @ age 68.
D. any other cancer not mentioned above							
E. any other condition not mentioned							

above							
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