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Donor Number: #0255 (For Agency Use Only)

Today's Date: 25 FEB 10

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

Name: _____

Date of Birth: 03 JUN 79

Social Security #: _____ Insurance Co: Kaiser

Address: _____ City: Wheat Ridge State: CO Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a Message at: 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? Soon

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? Yes

Have you ever been convicted of a crime? Yes If yes, please elaborate: Guilty by Association in 2004

PHYSICAL CHARACTERISTICS

Age: 32__ Height: 5'7" Weight: 170 Measurements: Bust 38DD Hips 41 Waist 36

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Mostly German and a little Irish

Mother's Side: 3/4 German 1/4 Irish

Father's Side: 7/8 German 1/8 Egyptian

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

What celebrity do people most commonly say you look like? Chloe Sevigny or Bridget Marquardt

Please circle appropriate response:

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

Other Facial Features:	*Moles	<u>none</u>	one	several	numerous
	*Freckles	<u>none</u>	<u>several</u>	moderate	numerous
	*Dimples	<u>none</u>	slight	medium	deep
Eyesight:	*Vision	<u>normal</u>	far-sighted	near-sighted	
	*Glasses	<u>none</u>	single	bifocal	
	*Astigmatism	yes	<u>no</u>	age diagnosed _____	
Dental:	*Device	<u>none</u>	braces	retainer	other _____
	*Reason	cosmetic	accident	disease	other _____
	*Age during use _____ to _____ years of age				
Other:	*List _____				
	*Reason/Cause _____				

Age at first period? 14 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 27 - 28 How long do they last? 2-3 days

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

Method of birth control? Myrena 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

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.2001	Boy / Vaginal	No	No	No	No
2.2005	Girl / Vaginal	No	No	No	No
3.2008	Girl / Vaginal	No	No	No	No
4.					

Any complications? None

MEDICAL HISTORY

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

1. None
2. _____

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

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? No If yes, please explain: _____

Have you been exposed to radiation or toxic chemicals in your work or personal life? No

Have you received a bite from an animal suspect for rabies within the last 6 months? No

Have you ever had a reaction to anesthesia? No If yes, please explain reaction in detail: _____

*Do you smoke cigarettes? No Packs per day? 0 # of years 0 # 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? 0 week? 0 month? 0

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

Describe any childhood allergies that you have outgrown: None

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

Please list all prescription or over the counter medications including dosage you are currently taking:

None

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

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

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

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

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

What is the least amount you would consider? \$5,000

Will you require missed wages from work? Yes ??

If yes, what is your hourly wage? \$20 How many hours per week do you work? 35

Will you require childcare reimbursement? Yes ?? If yes, what is the hourly rate? \$6 X 3 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? 3 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: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: CDL, AMS & AMH certified Through Navy

Test Scores: SAT's: _____ ACT's: _____ College GPA: _____

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

1. _____

What was your favorite subject in school? Math You're least favorite? None ~ I loved school

Dean's List or Honor Roll? Honor Roll Grade school and Junior High

As an adult I am most proud of: My family

Currently I have a career in: Childcare and Avon Leadership

I have been in this profession for 9 months

*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: Childcare, Homemaker, business owner of 2 businesses

Have you excelled in any physical activities? No

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Healthy

Other skills or talents? Mechanics, artistic, Logistics and public relations

Do you show artistic or musical ability? Yes If yes please explain: I have always been artistic in painting, photography and writing.

***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	Blue	5'6" 185	Lt/Med	48		
Father	Lt Brwn	Blue	5'7" 165	Lt/Med	48		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Lt Brn	Blue	5'5" 120	Light	79		
Maternal Grandfather	Brown	Blue	6' 180	Lt/Med	79		
Paternal Grandmother	Lt Brn	Blue	5'7" 165	Lt/Med		79	Natural Causes
Paternal Grandfather	Lt Brn	Blue	6'2" 140			83	Exposure to Asbestos
Children: (If Any) 1.	Brown	Hazel		Olive	7		
2.	Blond	Green		Light	3		
3.	Blond	Blue		Light	1		
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? 2

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) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

If yes to any of the above, were you determined a carrier? _____

How would you describe your personality and temperament? Easy going and Kind Hearted

What is your philosophy of life? Make the best decisions possible, learn from your mistakes and provide the best life possible for your loved ones.

What qualities and characteristics would you hope the recipient parents possess? Strong family values and believers in God.

How does it make you feel at the possibility of their offspring knowing about the donation? They should be loved unconditionally and know that their situation is because people need other people to be happy and I assisted their parents to have the ultimate experience of unconditional love that people find within their children.

How would you describe your childhood? I was an only child that never wanted or went without anything. I was cared for the best anyone could hope for and my parents were great providers and loved me with all of their heart.

What is the earliest memory you hold as a child? I was almost 2 years old and I was in my Grandma's kitchen as she was baking and I remember her letting me help her and I was a mess!

What was it like growing up in your family? My mom has a large family and there was always a lot to do and I had so many cousins that I was never lonely and was not easily bored. I grew up very close to my Grandparents and my cousins.

What religion did you belong to as a child? I was baptized Catholic in my Grandma's church but as I grew up I learned more from the Christian churches that I attended and I felt better by learning about God rather than being scared of him.

When I Was A Child:

My favorite thing to do was: Camping, Fishing, Horseback riding and ATV's

At home I was expected to: Clean up after myself and complete all my chores in the way they were to be done.

My parents were strict about: Manners and Values

My parents taught me to value: Honesty and responsibility

What I loved most about my father was: He was always in a good mood and tried to make people laugh.

What I loved most about my mother was: Her great knowledge and skill in everything.

My favorite relatives were: My Grandma and My cousin Amanda (our moms are twins so we were like sisters!)

I loved to visit: My Grandma and stay the night there.

In comparison to others I was: Calm and collected.

Your Teenage Years:

Describe yourself as a teenager: Responsible and grown up for my age.

Describe your achievements: I had two jobs and was still succeeding in school. I also bought my own car and had my own apartment and I was ready to be a proficient adult.

Did you do poorly at anything? Nothing comes to mind.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? The only problem I had was I wanted to go to the Navy and school wasn't going fast enough!

What do you hope to achieve by volunteering in an egg donor program?: I want to help people find the happiness that I have found by having children and the extra financial gain will benefit my family as well.

What message would you like passed on to the recipient of your eggs/their offspring? I have achieved many things in my life and am able to adapt to and learn anything. I have many skills in all aspects of life and I would assure you all my own children possess these great aspects and I know they will be great adults as they are great people already! We all have kind hearts and share the deepest knowledge for life's greatest adventures!

What helped you decide to become an egg donor? Talking to my Mom and husband.

Do you consider yourself a reliable person? I am very reliable and responsible.

Do you consider yourself a punctual person? I am always punctual and teach my children to be as well.

Would you describe yourself as a religious or spiritual person? I am a believer in God and I am comfortable in my faith.

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? I have and am providing a great life for my family and I continue to achieve this everyday.

What do you see yourself doing in the next 5-10 years? Living our life to the fullest!

What would you like your recipient couple to know about you that has not already been asked? There are no issues that will ever cause concern, I have no issues! I am a strong women and I have great qualities. I am pleased to be helping a couple find all the happiness that they deserve!

What is your favorite color? Blue

Favorite type of food? Mexican

Favorite movie? True stories of any sort

Favorite type of music? Alternative

Favorite Book? The Bible

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Everybody ready and willing to have a child and love them ~ deserve them.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: I would be willing to meet the child. I think I would be curious and they would be as well, I would imagine!

Would you be interested in possibly meeting the prospective parents? I know that they would have great curiosity to meet and see me and I would be happy to meet them.

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

I do not believe in abortion at all. I believe it should only be available in certain serious circumstances.

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

I am ready and willing to help the couple who needs my help and I know that they will cherish their gift.

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?

I believe that they are a living thing at the time of conception and they should be given the chance to live ~ donate/sell them to another couple, either through this agency or another.

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 would actually be more comfortable with not knowing where they went as opposed to knowing as in the previous question.

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

That is just another step some people have to take because of complications.

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

I am gifted in many different areas and have accomplished a lot in my life. I see very wonderful traits in my children and I am happy to inform you that you will have a cherished gift as I have! I am willing to share pictures of my children and any information about my family and myself that you may like to know.

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: 25 FEB 2009

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: 25 FEB 2009

Witness to Signatures above: _____

Date: 25 FEB 2009

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							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever					Yes		Maternal Grandma
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease					Yes		Paternal Grandpa~asbestos
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
NEUROLOGICAL							
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					Yes		Grandparents
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							