



PO Box 1646  
Castle Rock, Colorado 80104  
(Ph) 720-733-0184 (Fax) 720-733-2433  
**info@donatedeggs.com**  
**www.donatedeggs.com**

### **OOCYTE PERSONAL HISTORY FORM**

Date of Application: 3.29.13 Date of Birth: 02/19/1886 Age: 27 Donor #: #0380 (Agency Use Only)

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

The type of donation I am interested in is (Check all that apply): ( ) Open ( ) Anonymous (X) No Preference

---

---

***(Incomplete applications will not be accepted)***

To become an egg donor, we need to learn some information about your personal and medical history. Your responses to these questions will help us to make sure that your health and medical history are compatible with the donation process and that it will not involve any increased risks for you. This effort will also help us to match you to an appropriate recipient.

Please provide complete and accurate information to these questions. If you do not know the answer, ask a parent or family member. Any information you provide during the donation process, will remain completely confidential. Some of the information from this questionnaire will be given to the recipient(s) as noted but all identifying information is removed.

A “yes” response will not necessarily eliminate you as a potential donor. Most people will have at least one of these conditions in themselves or a family member. The accuracy of the information you will be giving will provide information to potential families you may help to create.

#### **Instructions:**

1. **Please fill in all blanks completely.** Please complete all questions and write “N/A” if not applicable.
2. Please be specific. Avoid expressions such as “natural” or “old age” (for causes of death). List any health problems as specifically as possible. If you do not know the age, put the approximate age or ask a relative to help you. List exact relationships such as “first cousin through my mother’s sister”.
3. Please provide information on all the relatives requested. Do not write their names.
4. If you have any questions, please call your donor coordinator.

**\*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 7:00-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process.**

## DEMOGRAPHICS

Full Legal Name and any aliases: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: Sonoma State: CA 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 \_\_\_\_\_ (alternate E-mail)

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? I can begin the process immediately, as long as timing does not interfere with a travel/job obligation schedule for mid/late May 2013.

Who may we contact in case of an emergency? \_\_\_\_\_

Relationship Boyfriend (live in) Ph: \_\_\_\_\_

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

Marital Status: X single married divorced widowed engaged partnered

Length of Current Relationship: 9 months 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: NA

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? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

## PHYSICAL CHARACTERISTICS

Height: 5'3" Weight: 134lbs **Measurements:** Bust 35 Hips 37 Waist 28

Recent weight loss/gain? No If Yes: lbs        loss/gain

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) South Korean

Mother's Side: Korean

Father's Side: N/A

Blood Type:        (+ or -) Place of Birth: Kyonggi-do, South Korea

What celebrity do people most commonly say you look like?       

### PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE

|                                  |                             |                |               |                     |
|----------------------------------|-----------------------------|----------------|---------------|---------------------|
| <b>Body Type/Bone Structure:</b> | small                       | <b>medium</b>  | large         | very large          |
| <b>Hands:</b>                    | <b>right-handed</b>         | left-handed    | ambidextrous  |                     |
| <b>Eyes:</b>                     | *Color <b>brown</b>         | hazel          | green         | blue                |
|                                  | *Set narrow                 | <b>average</b> | wide          | gray                |
|                                  | *Size small                 | <b>average</b> | large         |                     |
|                                  | *Shape round                | oval           | <b>almond</b> |                     |
|                                  | *Shade light                | medium         | <b>dark</b>   |                     |
| <b>Hair:</b>                     | *Natural Color blond        | <b>brown</b>   | black         | red                 |
|                                  | *Color as child blond       | brown          | <b>black</b>  | red                 |
|                                  | *Shade light                | medium         | <b>dark</b>   |                     |
|                                  | *Type <b>straight</b>       | wavy           | curly         | other <u>      </u> |
|                                  | *Fullness <b>thin</b>       | medium         | thick         |                     |
|                                  | *Texture <b>fine</b>        | medium         | course        |                     |
| <b>Nose:</b>                     | *Size <b>small</b>          | medium         | large         |                     |
|                                  | *Width <b>narrow</b>        | average        | wide          |                     |
|                                  | *length <b>short</b>        | average        | wide          |                     |
|                                  | *Nostril Flare <b>small</b> | average        | wide          |                     |
| <b>Cheekbones:</b>               | *Set low                    | <b>average</b> | high          |                     |
|                                  | *Prominence slight          | <b>medium</b>  | strong        |                     |
| <b>Mouth:</b>                    | *Size small                 | <b>average</b> | large         |                     |
|                                  | *Lips thin                  | average        | <b>full</b>   |                     |

|  |   |          |             |                     |             |                   |
|--|---|----------|-------------|---------------------|-------------|-------------------|
| <b>Chin:</b>                               | *Shape  | square   | oval        | round               |             |                   |
|  | *Prominence   | slight   | average     | strong              |             |                   |
|  | *Cleft  | none     | slight      | medium              |             |                   |
| <b>Skin:</b>                               | *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 _____ |
| <b>Other Facial Features:</b>              | *Moles  | none     | one         | several             | numerous    |                   |
|  | *Freckles   | none     | several     | moderate            | numerous    |                   |
|  | *Dimples  | none     | slight      | medium              | deep        |                   |
| <b>Eyesight:</b>                           | *Vision   | normal   | far-sighted | near-sighted        |             |                   |
|  | *Glasses  | none     | single      | bifocal             |             |                   |
|  | *Astigmatism  | yes      | no          | age diagnosed _____ |             |                   |
| <b>Hearing:</b> (Without corrective aids): | Poor  | Fair     | Good        | Excellent           |             |                   |
| <b>Dental:</b>                             | *Device   | none     | braces      | retainer            | other _____ |                   |
|  | *Reason   | cosmetic | accident    | disease             | other _____ |                   |
|  | *Age during use <u>17</u> to <u>19</u> years of age |          |             |                     |             |                   |

## REPRODUCTIVE/CONTRACEPTIVE HISTORY

Age at onset of menses? 15 Are your cycles regular? Yes, for the most part

Date of Last Menstrual Period: 3.3.13

Are your periods regular when you are not on any type of hormonal birth control such as the pill, etc.? Yes

If no: How many times per year do you menstruate? NA

Have you ever had any medical treatment for menstrual problems? No

How long are your cycles from day one to the next day one? About 32 How many days do they last? About 4

Do you spot or bleed between periods? No

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

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 mos.

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

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? \_\_\_\_\_

Date of last Pap Smear: 2012

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 \_\_\_\_\_

Currently use: IUD Type \_\_\_\_\_ Diaphragm \_\_\_\_\_ **Condom X** Birth Control Pills \_\_\_\_\_ Rhythm \_\_\_\_\_  
Spermicide \_\_\_\_\_ Nuva Ring \_\_\_\_\_ Tubal Ligation \_\_\_\_\_ Vasectomy \_\_\_\_\_ None \_\_\_\_\_

If Birth Control Pills: NA (name) How long on Birth Control Pills? \_\_\_\_\_

Why did you start taking Birth Control Pills? NA

If Depo-Provera, when was your last injection? NA

Have you ever been pregnant? No If yes, did you have trouble conceiving? N/A

Do you want (more) children in the future? Most likely

Have you ever been treated for infertility? No

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

**Diethylstilbestrol (DES, former **BAN** stilboestrol)** is a synthetic nonsteroidal estrogen that was first synthesized in 1938. It is also classified as an endocrine disruptor. Human exposure to DES occurred through diverse sources, such as dietary ingestion from supplemented cattle feed and medical treatment for certain conditions, including breast and prostate cancers. From about 1940 to 1970, DES was given to pregnant women in the mistaken belief it would reduce the risk of pregnancy complications and losses. In 1971, DES was shown to cause a rare vaginal tumor in girls and women who had been exposed to this drug in utero. The United States Food and Drug Administration subsequently withdrew DES from use in pregnant women. Follow-up studies have indicated DES also has the potential to cause a variety of significant adverse medical complications during the lifetimes of those exposed.<sup>[1]</sup> The United States National Cancer Institute recommends<sup>[2]</sup> women born to mothers who took DES undergo special medical exams on a regular basis to screen for complications as a result of the drug. Individuals who were exposed to DES during their mothers' pregnancies are commonly referred to as "DES daughters" and "DES sons". Wikipedia

### LIST OF PREGNANCIES AND OUTCOMES

| Year | Delivery ♀ or ♂<br>Section/Vag | Miscarriage | Ectopic | Blighted Ovum | Termination |
|------|--------------------------------|-------------|---------|---------------|-------------|
| 1.   |                                |             |         |               |             |
| 2.   |                                |             |         |               |             |
| 3.   |                                |             |         |               |             |
| 4.   |                                |             |         |               |             |
| 5.   |                                |             |         |               |             |
| 6.   |                                |             |         |               |             |

Any complications? N/A

## DONATION HISTORY

Have you applied or been screened to be an egg donor before? X Yes \_\_\_\_ No If yes, list name and location of donor program

(s): The Donor Source; IVF Hawaii

An Eggceptional Match; IVF New Jersey

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? |
|---------|------------------|-------------------|------------------------|-------------------------|
| 10/08   | 36               | Was not told      | Yes                    | Was not told            |
| 11/12   | 8                | Was not told      | Yes                    | Was not told            |
|         |                  |                   |                        |                         |
|         |                  |                   |                        |                         |
|         |                  |                   |                        |                         |
|         |                  |                   |                        |                         |

Were their embryos left to cryopreserve (freeze)? Was not told If yes, approximately how many per cycle? \_\_\_\_\_

What is the compensation you are asking for your donation? \$14,000 (includes missed wages, etc) \_\_\_\_\_

What is the least amount you would consider? \$13,000 \_\_\_\_\_

Currently I have a career in: Television Producer \_\_\_\_\_

I have been in this profession for 7 years \_\_\_\_\_

Will you require missed wages from work? Yes \_\_\_\_\_

If yes, what is your hourly wage? \$37.50 How many hours per week do you work? at least 40 \_\_\_\_\_

Are you eligible to work in the United States? Yes Is your work schedule flexible? Yes \_\_\_\_\_

Will you require childcare reimbursement? No If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

During travel assignments, will you: ( ) Drive yourself to the airport and require parking reimbursement  
(X) Take a taxi or shuttle and require reimbursement  
( ) 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/SOCIAL HISTORY

Are you currently under a physicians care for any reason? No

If yes, please explain: \_\_\_\_\_

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

1. NA

2. \_\_\_\_\_

Have you had any serious illness in the past? No

If yes, please describe: \_\_\_\_\_

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

If yes, please list date and reason: \_\_\_\_\_

Have you ever taken anti-malarial drugs or had malaria? No

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

How many days in the preceding 12 months did you miss work because of illness (colds, flu, accidents, surgery, etc.)?

Please explain: 0

Have you been exposed to excess radiation or toxic chemicals in your work or personal life? 0

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

What is your caffeine usage? Number cups of coffee/day: 0-1 Soda \_\_\_\_\_ Tea 0-1 Energy Drinks \_\_\_\_\_

\*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? 1-3 month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? Cats and some pollen Pls. explain: seasonal

Describe any childhood allergies that you have outgrown: NA

For each medication allergy, describe specific substance and reaction(s) and age first noticed:

Substance: NA Reaction(s): \_\_\_\_\_ Age: \_\_\_\_\_

Substance: \_\_\_\_\_ Reaction(s): \_\_\_\_\_ Age: \_\_\_\_\_

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

Do you have frequent nose bleeds, bleeding gums while brushing your teeth and or clots with menstrual periods?

No

Have you had acupuncture, ear and/or body piercing or tattooing in which sterile procedures may not have been used?

Yes X No

**Please list and describe all of your tattoos and body piercings:**

| Date Received: | Description: | Location on Body: | Sterile Needles Used? |
|----------------|--------------|-------------------|-----------------------|
| 2009           | Tattoo       | Left side         | Yes                   |
| 1994           | Ears pierced | Ear lobes         | Yes                   |
|                |              |                   |                       |
|                |              |                   |                       |

**List all prescription medications that you have taken in the preceding 12 months:**

| Medication | How Often | Reason |
|------------|-----------|--------|
| NA         |           |        |
|            |           |        |

**List all current over-the-counter medications (include hormones, vitamins, aspirin, antacids, laxatives, herbal & sports supplements, performance-enhancing supplements including steroids, etc.)**

| Medication | How Often | Reason |
|------------|-----------|--------|
| NA         |           |        |
|            |           |        |

**Religion Born Into:** Open, Non-Denominational Christian

**Religion Practiced:** Open spirituality



## EDUCATION

H.S. Grade Point Average (GPA): 4.2 SAT Scores: Verbal 660 Math 620 ACT Score: 27

Education: \_\_\_\_\_ Did not Complete High School  
\_\_\_\_\_ Received GED  
\_\_\_\_\_ Completed high school  
\_\_\_\_\_ Completed/enrolled in Vocational Schooling \_\_\_\_\_  
\_\_\_\_\_ Currently in college, pursuing degree in \_\_\_\_\_  
X \_\_\_\_\_ Completed college, degree in Journalism, Television Broadcasting GPA: 3.7  
\_\_\_\_\_ Currently pursuing an advanced degree in \_\_\_\_\_  
\_\_\_\_\_ Completed advanced degree in \_\_\_\_\_

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

1. Colorado State University 2007
2. \_\_\_\_\_

What was your favorite subject in school? Science, Writing You're least favorite? History

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

Did you have any learning disabilities or weaknesses in school? No If yes, describe: \_\_\_\_\_

Academic Strengths (i.e. math, reading): Math, Science, creative writing

Other skills or talents? Public Speaking, Comedy

Do you show artistic or musical ability? No If yes please explain: \_\_\_\_\_

Languages: Speak: English, American Sign Language

Read: English, American Sign Language

Write: English, American Sign Language

## HEALTH HABITS

Exercise Habits: \_\_\_\_\_ None \_\_\_\_\_ Occasional X Regular

Physical activities include: Running, white water rafting, snowboarding, rock climbing, kayaking, yoga, horseback riding, biking, softball

Have you excelled in any physical activities? X Yes \_\_\_\_\_ No

If Yes, What: Snowboarding, softball, tennis

Manual Dexterity: Dexterous Average Clumsy

Your diet is: \_\_\_\_\_ Vegetarian X Non-vegetarian \_\_\_\_\_ Vegan Your diet is: poor average excellent

Do you have any dietary restrictions? lactose intolerant

## FAMILY HEALTH HISTORY

|                          | Natural Hair<br>Color | Eye<br>Color | Height<br>Weight | Skin<br>Tone | Age If<br>Living | Age at<br>Death | Cause of Death |
|--------------------------|-----------------------|--------------|------------------|--------------|------------------|-----------------|----------------|
| Mother                   | Dark<br>Brown         | Brown        | 5'3''            |              | 57               |                 |                |
| Father                   |                       |              |                  |              |                  |                 |                |
| Brother: 1.              |                       |              |                  |              |                  |                 |                |
| 2.                       |                       |              |                  |              |                  |                 |                |
| 3.                       |                       |              |                  |              |                  |                 |                |
| 4.                       |                       |              |                  |              |                  |                 |                |
| Sister: 1.               |                       |              |                  |              |                  |                 |                |
| 2.                       |                       |              |                  |              |                  |                 |                |
| 3.                       |                       |              |                  |              |                  |                 |                |
| 4.                       |                       |              |                  |              |                  |                 |                |
| Maternal<br>Grandmother  |                       |              |                  |              |                  |                 |                |
| Maternal<br>Grandfather  |                       |              |                  |              |                  |                 |                |
| Paternal<br>Grandmother  |                       |              |                  |              |                  |                 |                |
| Paternal<br>Grandfather  |                       |              |                  |              |                  |                 |                |
| Children: (If Any)<br>1. |                       |              |                  |              |                  |                 |                |
| 2.                       |                       |              |                  |              |                  |                 |                |
| 3.                       |                       |              |                  |              |                  |                 |                |
| 4.                       |                       |              |                  |              |                  |                 |                |

Are you adopted? Yes If yes, do you have access to your biological health history? Limited

Twins or multiple births in the family? Unsure If yes, how many sets? \_\_\_\_\_

## GENETIC HISTORY

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? None, I'm aware of If yes, please explain in detail: \_\_\_\_\_

Have you had a brother or sister die in infancy or early childhood? None I'm aware of If yes, please explain the cause of death: \_\_\_\_\_

Are there any members of your family with a history of learning disabilities or autism? None I'm aware of

If yes, please explain \_\_\_\_\_

(**MGM**=Maternal Grandmother, **MGF**=Maternal Grandfather; **PGM**=Paternal Grandmother, **PGF**=Paternal Grandfather)

Have you or anyone in your family ever been tested positive as a carrier or had any of any of the following diseases?

|                                |    |         |               |               |                |               |
|--------------------------------|----|---------|---------------|---------------|----------------|---------------|
| Blooms Syndrome                | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Canavan                        | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Cystic Fibrosis (Caucasian)    | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Fabry Disease                  | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Familial Dysautonomia          | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Familial Mediterranean Fever   | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Fanconi Anemia Grp. C:         | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Fragile X                      | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Gaucher                        | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Niemann-Pick type A            | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Mucopolidosis type IV          | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Sickle Cell (African American) | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Spinal Muscular Atrophy        | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Tay-Sachs (Jewish)             | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |
| Thalassemia (Greek/Italian)    | No | If yes: | _____ disease | _____ carrier | _____ negative | _____ unknown |

Have you had a chromosomal analysis performed? No If so, were your results of normal XX karyotype? \_\_\_\_\_

Is there anything else we should know about your family?

NA

---

---

## **PERSONAL AND MOTIVATIONAL**

**In your own words, describe your personality, temperament, and character :** I am very friendly and outgoing. I laugh a lot and love stand-up, comedies and anything witty. I am Type A, wanting things organized and of maximum potential especially professionally. However, I enjoy being very laid back and free off the clock. I can be a very ‘take charge’ personality, especially when no one else does. I have always been focused on equality and non-categorical classification of people (ie- social class, religion, ethnicity, etc). I speak my mind and like to be well read on issues. Being self-confident and secure has helped me greatly throughout my life. I like to take risks and go for things I want. I’m funny and quick witted. Friends, co-workers would I make them laugh. In 2009-2010 I pursued a path of stand-up comedy (on the side of working full-time as a producer) and performed shows at Comedy Works Downtown Denver and Greenwich Village. My humorous point of view on life was honest and made people laugh as well as think.

I am not the 9-5 type and never will be. I enjoy having control over my own career. I love animals, the outdoors, sports and traveling. Anything physically exhilarating and challenging, I’m there.

**What is your philosophy of life?** I feel that a large part of getting what you want in life is working hard and making it happen for yourself. I think that listening to yourself and trusting your own voice is invaluable. I believe that life is the here and now. I believe that every living being deserves respect and space in this world. I believe in being kind to one another because it’s the right thing, not because a religious reward system. I like to think of images of Earth from space. Seeing Earth from a far you can’t see borders, countries or nationalities. You only see a one planet. I think most people stay oblivious to this idea. With all of the possibilities of outer space, dark matter and multiple dimensions, it seems too trivial to want to wage wars for political power and wealthy.

**What qualities and characteristics would you hope the recipient parents possess?** I hope the recipient parent(s) are brave. Brave to make decisions based on their own thought and not on those of friends, family or media. I hope the parents have a great sense of humor and laugh a lot. I hope that the parents are progress politically/socially and will raise their children not to merely fall in line with the status quo, but think for themselves and act for positive change. I hope the parents teach compassion.

**How does it make you feel at the possibility of their offspring knowing about the donation?** It does not bother me at all if the child(ren) know about the donation. I trust that the parents will thoroughly explain that “family” or “identity” is far more than biological lines and that each family is different, no better, no worse.

**How would you describe your childhood?** I grew up in a very loving and supportive family. I am very close to my parents and brother. My childhood was strict with rules and expectations but fair. I was very active, playing lots of sports. I spent a lot of time outside, doing “boy” things and playing sports.

**What is the earliest memory you hold as a child?** I remember fishing with my dad and coloring with my mom.

**What was it like growing up in your family?** My mom is a retired teacher and pretty strict. My dad is a retired fire fighter and more relaxed. I was allowed to play a bunch of different sports and have lots of pets, which I loved. They always supported me and made me believe that I could do anything.

**If you could change one thing about yourself, what would it be and why?** I wish I could sing. I'm completely tone-deaf and cannot hold a note. I always wished I had an amazing voice to just belt it out.

**Is there a person alive or dead whom you admire and why?**

I greatly admire Malala Yousafzai because she holds herself with the utmost level of courage and perseverance in the midst of unimaginable oppression, and even assassination attempt. As a child and young teen she fought against the Taliban for her right, and the rights of all girls, to an education. That conviction and bravery to fight for what is right is a lesson that all adults need to take notice of.

**What would you do on a "perfect" day if you could do anything you wanted?**

If I could do anything I wanted for a "perfect day" I would go on a remote filming/photography safari in Africa and base jump Angel Falls (you said "anything"). On a more realistic note, I would also love to white water raft with my friends and dog finishing the day with good food and a wine.

**Describe your personality and temperament as a child:**

I was much more shy as a child. I was a huge tomboy (am still am) who loved to beat the boys at everything. I remember asking my teachers a lot of questions, about everything. I would always be laughing at something and 'get the giggles' as my parents would say. I feel like I didn't really come out of my shell and into my own until high school. I was shy in public and people I didn't know, but not meek. I remember making my teachers and friends' parents laugh a lot, not really my peers. For example, a very early memory of my is when I was in 1<sup>st</sup> or 2<sup>nd</sup> grade and was with my best friend riding in the car while her parents were sitting up front and driving. We passed a sign that said "Hay For Sale," they asked, "do y'all want some hay?" I quickly responded, "Nayyyyy" (in my best horse-like voice). They laughed, my friend did not. I was comfortable being around adults and have always been mature for my age.

**When I Was A Child:**

My favorite thing to do was: Play football and fish.

At home I was expected to: Behave. To always go the extra mile beyond than the minimum required with school projects, etc.

My parents were strict about: Everything.

My parents taught me to value: Hard work and myself.

What I loved most about my father was: He's balanced perspective of life.

What I loved most about my mother was: Her dedication to give us the best she could.

My favorite relatives were: My grandmother and aunt.

I loved to visit: The zoo.

In comparison to others I was: Very studious, inquisitive and mature.

**Please provide the following information about your family:**

|                        | Intellectual/Academic Achievements                    | Artistic Achievements |
|------------------------|---|-----------------------|
| Non-Biological Mother  | First generation college grad<br>40 years of teaching |                       |
| Non-Biological Father  | First generation college grad                         |                       |
| Non-Biological Brother | First generation master's degree; Magna Cum La        |                       |
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |

**Describe your personality and temperament as a teenager:**

As a teen I definitely came out of my shell and into my own as a person. I was very independent, always wanting to do everything for myself. I was very driven and determined to not to listen to words like, “that can’t be done.” At 15yo I wanted to get enroll myself in the nearby community college to get a jump on college credits and earn 6.0 scale grades to boost my GPA, as I was vying for position to be valedictorian. My counselor said that high school students don’t really do that. I made my mom drive me to the college and I self-enrolled myself for the next semester. I was very active in high school. I played varsity basketball, softball, tennis and was a cheerleader. After being a varsity cheerleader I decided to be the mascot my senior year, since wearing gym clothes and acting a fool while no one knew who you were seemed like even more fun. I felt like I had friends of all circles in high school. I was voted into homecoming court and president of the Honor Society. As a teen I loved high school and my friends, but was definitely ready for college and the next chapter. My hometown is a small, conservative Texas town so while I was very popular I was constantly arguing with people (peers and adults a like) about every political and social issue possible. I love where I’m from and am thankful of a great deal of values it taught me, but even as a teen I knew there had to be more to discover than just our small city limits. I was grounded but very much looked to the sky for possibilities.

**Did you have any problems as a child and/ or as a teenager? Explain:**

No, not really.

**Who was the most important influence on you and why?**

My mom. She always made me go the extra mile with any school project or task, which I hated at the time. This lesson stays with me today as I always look to go beyond the minimum and give 110%.

**What were your ambitions/ goals as a teenager?**

As a teen my goals were to go away to college and continue on to veterinary medical school.

**What were your best and worst subjects in school?**

My best subjects in school were physics, calculus, biology and English. My least liked was history.

**What do you hope to achieve by volunteering in an egg donor program?**

I hope to help someone have the family that they want. I also decided to donate again to help launch my own production company.

**What helped you decide to become an egg donor?** My family adopted me when I was just 3 months old. I grew up knowing that no matter what physically characteristics or biological tests say, that family is who loves you and raises you. This concept translates with egg donation.

**If you could pass on a message to the recipient(s) of your eggs, what would that message be?**

I hope you have a very healthy, happy and joyous family.

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

I would only consider meeting a child(ren) conceived from an egg donation IF they were old and mature enough to understand that meeting would only answer a low-level of curiosity regarding characteristics like physical features. And I would only feel comfortable meeting the child if their parents were also curious and supportive of their need to meet me.

**Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name?** I would meet the parents if they wanted to. I am okay with them knowing my first name.

**Would you be willing to donate to gay or single prospective parents? YES Please specify:** I am very interested and willing to donate to a gay couple. I would actually be thrilled to help a same-sex couple in that way. I am willing to donate to a very, very prepared single parent who is looking for an addition to their family for the right reasons.

**Do you consider yourself a reliable person?** Yes

**Do you consider yourself a punctual person?** Yes

**Would you describe yourself as a religious or spiritual person?** \_\_\_\_\_

I am not a religious believer and feel that organized religion polarizes people. I feel that ALL religions have good teachings and should not value their followers over anyone else of a different faith. I think that most religions and teachings are taken far too literally and read in context of a time and society much different from now. I do consider myself a spiritual person in more of an Eastern philosophic way. I believe that all people are connected with the universe and things, big and small, and that love should be expressed to everyone, regardless. No one chooses where he or she is born and into what circumstances. This is a very important aspect that I hope the recipient parent(s) agree with.

**Do you have any ethical, moral or religious reservations about being an egg donor?** No

**What are your personal goals? Have you achieved any of these goals?** My personal goals are ever evolving. Two goals that I have fulfilled were to run a marathon and backpack abroad by myself. Goals that I am working on achieving are to produce an original idea into a television series, get a pet pig, and become an executive producer by the age of 35.

**What do you see yourself doing in the next 5-10 years?** I see myself progressing as a television producer and continuing to climb the ladder. I also hope to begin to produce my original show ideas through to network television. Also, if I can work out how to fit it in, the thought of applying and attending veterinary medical school still stays with me. The idea there would be to bring ‘animals’ back to ‘Animal’ Planet! Jack Hanna look out!

**What would you like your recipient couple to know about you that has not already been asked?** Nothing at this time.

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

I believe that that choice is up to the parents and mother. I, personally, understand coming to that decision concerning an anomaly that would greatly impact the child’s life and quality of life in a negative way. I feel that quality of life should be considered. I also feel that many parents who do not abort/reduce do so because of how it would make ‘them’ feel, not the child’s quality of life.

**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?**

I am okay with a donation of unused embryos in this way and I would sign for 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 or destruction of such remaining embryos?**

I am supportive of donating any remaining embryos to medical/scientific research. Yes, I will sign for consent.

**Some clinics have their Prospective Parents sign away rights to any leftover embryos to be used at the clinic’s discretion, how do you feel about not knowing the outcome of their decision?**

The only outcome with decisions of that nature that I would NOT approve of is possibility of somehow the clinics profiting from these remaining embryos.

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

That is up to them. I have no feeling either way.



**What is your favorite color?** Green

**Favorite type of food?** Southern style casseroles

**Favorite movie?** Life of Pi, The Godfather(s), The Departed, American Beauty, Forgetting Sarah Marshall,

**Favorite type of music?** Conscience/Underground Hip-hop (Tribe Called Quest, Talib Kweli), Indie Folk

**Favorite Book?** Oh the Places You Will Go by Dr. Seuss; The Tao of Pooh, by Benjamin Hoff

**If you could write a message to the child born through your participation as an egg donor for when he/she turns 18 years old, what would you tell him/her?**

Life is just beginning. The world is a big and small place at the same time. I hope you will explore the world as well as explore yourself to really know what you want to do in life and how you want to live to be happy and make a difference. There are many who will tell you “no” or “you can’t.” This is usually because of their own fears about themselves, not about you. Believe in yourself. Take time to travel. It’s almost impossible to find the perfect time and money to travel, you just have to plan and do it. I was merely a donor to help your parents have the child who was always theirs, you. I hope you achieve everything you want in life.

Carefully review the following list of medical problems and identify which ones you or one of your genetic relatives have or had. Please consider each condition carefully for each family member. Explain any conditions you check below, indicating which side of the family (maternal or paternal), the age at the time of onset, and any other pertinent information. If you and none of your indicated family members have a history of the specific medical condition, please indicate none.

**\*PLEASE REFER TO THE GLOSSARY ON THE LAST PAGES OF THIS FORM FOR DEFINITIONS**

| <b>HEART</b>  | <b>You</b> | <b>Mother</b> | <b>Father</b> | <b>Siblings</b> | <b>Grandparents</b> | <b>Other Family</b> | <b>Explanation (which side of family, age of onset, etc.)</b> |
|---|------------|---------------|---------------|-----------------|---------------------|---------------------|---|
| A. Stroke   |            |               |               |                 |                     |                     |   |
| B. heart attack   |            |               |               |                 |                     |                     |   |
| C. heart disease  |            |               |               |                 |                     |                     |   |
| 1. from birth   |            |               |               |                 |                     |                     |   |
| 2. lifestyle  |            |               |               |                 |                     |                     |   |
| D. hardening of the arteries                              |            |               |               |                 |                     |                     |   |
| E. high blood pressure                                    |            |               |               |                 |                     |                     |   |
| <b>BLOOD</b>  |            |               |               |                 |                     |                     |   |
| A. anemia   |            |               |               |                 |                     |                     |   |
| B. sickle-cell anemia                                     |            |               |               |                 |                     |                     |   |
| C. hemophilia or other bleeding problem                   |            |               |               |                 |                     |                     |   |
| D. leukemia   |            |               |               |                 |                     |                     |   |
| E. Immune Deficiency                                      |            |               |               |                 |                     |                     |   |
| F. Factor V Leiden thrombophilia (Blood clots or strokes) |            |               |               |                 |                     |                     |   |
| G. other blood disorder                                   |            |               |               |                 |                     |                     |   |
| <b>RESPIRATORY (LUNGS)</b>                                |            |               |               |                 |                     |                     |   |
| A. hay fever  |            |               |               |                 |                     |                     |   |
| B. asthma   |            |               |               |                 |                     |                     |   |
| C. emphysema  |            |               |               |                 |                     |                     |   |
| D. tuberculosis   |            |               |               |                 |                     |                     |   |
| E. lung cancer  |            |               |               |                 |                     |                     |   |
| F. pneumonia  |            |               |               |                 |                     |                     |   |
| G. Alpha-1 antitrypsin Disorder                           |            |               |               |                 |                     |                     |   |
| H. other lung disease                                     |            |               |               |                 |                     |                     |   |
| <b>GASTRO-INTESTINAL</b>                                  |            |               |               |                 |                     |                     |   |
| A. ulcer of stomach or duodenum                           |            |               |               |                 |                     |                     |   |
| B. gall stones  |            |               |               |                 |                     |                     |   |
| C. hepatitis A,B or C                                     |            |               |               |                 |                     |                     |   |
| D. appendicitis   |            |               |               |                 |                     |                     |   |
| E. cirrhosis  |            |               |               |                 |                     |                     |   |
| F. colon cancer   |            |               |               |                 |                     |                     |   |
| G. ulcerative colitis                                     |            |               |               |                 |                     |                     |   |
| H. Crohn's disease  |            |               |               |                 |                     |                     |   |
| I. cystic fibrosis  |            |               |               |                 |                     |                     |   |
| K. pyloric Stenosis                                       |            |               |               |                 |                     |                     |   |
| L. multiple Polyps of the Colon                           |            |               |               |                 |                     |                     |   |
| m. rectal Disorder  |            |               |               |                 |                     |                     |   |
| n. inflammatory Bowel Disease                             |            |               |               |                 |                     |                     |   |
| o. any other problem of the digestive system              |            |               |               |                 |                     |                     |   |
| <b>METABOLIC/ENDOCRINE</b>                                |            |               |               |                 |                     |                     |   |
| A. diabetes mellitus                                      |            |               |               |                 |                     |                     |   |
| B. hypoglycemia   |            |               |               |                 |                     |                     |   |
| C. thyroid cancer   |            |               |               |                 |                     |                     |   |
| D. thyroid disease  |            |               |               |                 |                     |                     |   |
| E. goiter   |            |               |               |                 |                     |                     |   |
| F. adrenal dysfunction or disorder                        |            |               |               |                 |                     |                     |   |
| G. hyperactivity  |            |               |               |                 |                     |                     |   |
| H. lumps or cysts in breast                               |            |               |               |                 |                     |                     |   |
| I. polycystic ovarian syndrome                            |            |               |               |                 |                     |                     |   |
| J. pelvic inflammatory disease (PID)                      |            |               |               |                 |                     |                     |   |
| K. endometriosis  |            |               |               |                 |                     |                     |   |
| <b>URINARY</b>  |            |               |               |                 |                     |                     |   |
| A. kidney disease   |            |               |               |                 |                     |                     |   |

|  |            |               |               |                 |                     |                     |   |
|--|------------|---------------|---------------|-----------------|---------------------|---------------------|---|
| B. other disease of urinary tract (urethra, bladder, ureter) |            |               |               |                 |                     |                     |   |
|  | <b>You</b> | <b>Mother</b> | <b>Father</b> | <b>Siblings</b> | <b>Grandparents</b> | <b>Other Family</b> | <b>Explanation (which side of family, age of onset, etc.)</b> |
| <b>GENITAL/REPRODUCTIVE</b>                                  |            |               |               |                 |                     |                     |   |
| A. undescended testicle                                      |            |               |               |                 |                     |                     |   |
| B. hypospadias   |            |               |               |                 |                     |                     |   |
| C. prostate cancer   |            |               |               |                 |                     |                     |   |
| D. uterine fibroids  |            |               |               |                 |                     |                     |   |
| E. ovarian cysts   |            |               |               |                 |                     |                     |   |
| F. cancer of the cervix, ovaries or uterus                   |            |               |               |                 |                     |                     |   |
| <b>NEUROLOGICAL</b>  |            |               |               |                 |                     |                     |   |
| A. migraines   |            |               |               |                 |                     |                     |   |
| B. mental retardation  |            |               |               |                 |                     |                     |   |
| C. senility before age 50                                    |            |               |               |                 |                     |                     |   |
| D. Multiple Sclerosis  |            |               |               |                 |                     |                     |   |
| E. Cerebral Palsy  |            |               |               |                 |                     |                     |   |
| F. Neurofibromatosis   |            |               |               |                 |                     |                     |   |
| G. ADHD  |            |               |               |                 |                     |                     |   |
| H. Autism/Asperger's   |            |               |               |                 |                     |                     |   |
| I. Tuberous sclerosis  |            |               |               |                 |                     |                     |   |
| J. Parkinson's disease                                       |            |               |               |                 |                     |                     |   |
| K. Scoliosis   |            |               |               |                 |                     |                     |   |
| L. Myasthenia Gravis   |            |               |               |                 |                     |                     |   |
| M. Tourette's Syndrome                                       |            |               |               |                 |                     |                     |   |
| N. epilepsy/seizures   |            |               |               |                 |                     |                     |   |
| O. hydrocephalus   |            |               |               |                 |                     |                     |   |
| P. disorder of the spinal cord                               |            |               |               |                 |                     |                     |   |
| Q. Huntington's chorea                                       |            |               |               |                 |                     |                     |   |
| U. Gaucher's disease   |            |               |               |                 |                     |                     |   |
| R. Wilson's disease  |            |               |               |                 |                     |                     |   |
| S. Creutzfeldt-Jacob disease                                 |            |               |               |                 |                     |                     |   |
| T. Alzheimer's disease                                       |            |               |               |                 |                     |                     |   |
| U. other diseases of the nervous system                      |            |               |               |                 |                     |                     |   |
| <b>MENTAL HEALTH</b>   |            |               |               |                 |                     |                     |   |
| A. schizophrenia   |            |               |               |                 |                     |                     |   |
| B. bipolar or manic depressive                               |            |               |               |                 |                     |                     |   |
| C. depression  |            |               |               |                 |                     |                     |   |
| D. anxiety/panic attacks                                     |            |               |               |                 |                     |                     |   |
| E. anorexia/bulimia/other eating disorder                    |            |               |               |                 |                     |                     |   |
| F. suicide attempts  |            |               |               |                 |                     |                     |   |
| G. other mental health disorder requiring hospitalization    |            |               |               |                 |                     |                     |   |
| <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  |            |               |               |                 |                     |                     |   |
| J. Osteogenesis imperfecta (brittle bone disease)            |            |               |               |                 |                     |                     |   |
| K. loss of muscle coordination                               |            |               |               |                 |                     |                     |   |

|   |            |               |               |                 |                     |                     |   |
|---|------------|---------------|---------------|-----------------|---------------------|---------------------|---|
| L. Marfan syndrome  |            |               |               |                 |                     |                     |   |
| M. spinal muscular atrophy  |            |               |               |                 |                     |                     |   |
| N. Reiter's disease   |            |               |               |                 |                     |                     |   |
| <b>Cont.</b>  | <b>You</b> | <b>Mother</b> | <b>Father</b> | <b>Siblings</b> | <b>Grandparents</b> | <b>Other Family</b> | <b>Explanation (which side of family, age of onset, etc.)</b> |
| O. myasthenia gravis  |            |               |               |                 |                     |                     |   |
| P. metabolic bone disease (be more specific)  |            |               |               |                 |                     |                     |   |
| <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. retinoblastoma   |            |               |               |                 |                     |                     |   |
| I. retinitis Pigmentosa   |            |               |               |                 |                     |                     |   |
| J. any other sight/sound/smell disorders  |            |               |               |                 |                     |                     |   |
| <b>SKIN</b>   |            |               |               |                 |                     |                     |   |
| A. acne   |            |               |               |                 |                     |                     |   |
| B. eczema   |            |               |               |                 |                     |                     |   |
| C. skin cancer  |            |               |               |                 |                     |                     |   |
| D. pigmentation disorders   |            |               |               |                 |                     |                     |   |
| E. excessive facial hair  |            |               |               |                 |                     |                     |   |
| F. psoriasis  |            |               |               |                 |                     |                     |   |
| G. neurofibromatosis  |            |               |               |                 |                     |                     |   |
| H. infectious skin disease  |            |               |               |                 |                     |                     |   |
| I. other disorders of the skin  |            |               |               |                 |                     |                     |   |
| <b>CONGENITAL ABNORMALITIES/BIRTH DEFECTS</b>   |            |               |               |                 |                     |                     |   |
| A. cleft lip or palate  |            |               |               |                 |                     |                     |   |
| B. congenital hip problems  |            |               |               |                 |                     |                     |   |
| C. club feet  |            |               |               |                 |                     |                     |   |
| D. heart defect   |            |               |               |                 |                     |                     |   |
| E. hearing problems   |            |               |               |                 |                     |                     |   |
| F. Spina bifida-neural tube (open spine)  |            |               |               |                 |                     |                     |   |
| G. Microcephaly   |            |               |               |                 |                     |                     |   |
| H. holoprosencephaly-a single-lobed brain structure and severe skull and facial defects |            |               |               |                 |                     |                     |   |
| I. other  |            |               |               |                 |                     |                     |   |
| <b>CHROMOSOMAL ABNORMALITIES</b>  |            |               |               |                 |                     |                     |   |
| A. down syndrome<br>B. other (i.e. Turner, Fragile X, Klinefelter's etc..)              |            |               |               |                 |                     |                     |   |
| <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  |            |               |               |                 |                     |                     |   |

| <b>RISK FACTORS</b>   | <b>Yes</b> | <b>No</b> | <b>Comment</b> |
|---|------------|-----------|----------------|
| Have you ever been sexually active with a male who was gay or bisexual?   | <b>Yes</b> | <b>No</b> |                |
| Have you ever injected drugs or had a sexual partner who did so?  | <b>Yes</b> | <b>No</b> |                |
| Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?                  | <b>Yes</b> | <b>No</b> |                |
| Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?  | <b>Yes</b> | <b>No</b> |                |
| Have you ever had sex in exchange for money or drugs?   | <b>Yes</b> | <b>No</b> |                |
| Have you ever been sexually active with a person who has had sex in exchange for money or drugs?  | <b>Yes</b> | <b>No</b> |                |
| Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?                                      | <b>Yes</b> | <b>No</b> |                |
| 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? | <b>Yes</b> | <b>No</b> |                |
| Have you had an accidental needle stick within the past 12 months?  | <b>Yes</b> | <b>No</b> |                |
| Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?  | <b>Yes</b> | <b>No</b> |                |
| In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?   | <b>Yes</b> | <b>No</b> |                |

**(Cont'd)**

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?      **Yes**      **No**

---

Have you ever been diagnosed with hepatitis?      **Yes**      **No**

---

Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?      **Yes**      **No**

---

Have you ever been diagnosed with or suspected to have West Nile Virus?      **Yes**      **No**      **if so, when?**

---

Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?      **Yes**      **No**      **if so, when?**

---

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?**

---

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?      **Yes**      **No**

---

Do you have a history of changes in cognition, speech or gait?      **Yes**      **No**

---

Have you ever received a blood transfusion?      **Yes**      **No**      **if so, where?**

---

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**

---

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**

---

**(Cont'd)**

---

|  |            |           |                      |
|--|------------|-----------|----------------------|
| From 1980 to present, have you spent time that adds up to 5 years or more in Europe? | <b>Yes</b> | <b>No</b> | <b>if so, where?</b> |
|--|------------|-----------|----------------------|

---

|   |            |           |                     |
|---|------------|-----------|---------------------|
| 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? | <b>Yes</b> | <b>No</b> | <b>If so, when?</b> |
|---|------------|-----------|---------------------|

---

|  |            |           |
|--|------------|-----------|
| If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there? | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

---

|   |            |           |
|---|------------|-----------|
| 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? | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

---

|  |            |           |                     |
|--|------------|-----------|---------------------|
| Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)? | <b>Yes</b> | <b>No</b> | <b>if so, when?</b> |
|--|------------|-----------|---------------------|

---

|  |            |           |                    |
|--|------------|-----------|--------------------|
| 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? | <b>Yes</b> | <b>No</b> | <b>if so, who?</b> |
|--|------------|-----------|--------------------|

---

|  |            |           |
|--|------------|-----------|
| Have you been exposed to blood, saliva or fluids from the person described in the proceeding question? | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

---

|   |            |           |
|---|------------|-----------|
| Have you ever received a human organ, tissue transplant or human extract? | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

---

|   |            |           |                    |
|---|------------|-----------|--------------------|
| Have you ever been excluded as a blood donor? | <b>Yes</b> | <b>No</b> | <b>if so, why?</b> |
|---|------------|-----------|--------------------|

---

|   |            |           |
|---|------------|-----------|
| Have you been diagnosed or suspected to have Chagas' disease? | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

---

**(Cont'd)**

---

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**

---

Have you received a bite from an animal suspected for rabies within the last six months?

---

**Yes**   **No**



## CONSENT

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: March 29, 2013

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: March 29, 2013

Witness to Signatures above: \_\_\_\_\_

Date: March 29, 2013