

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

**Donor Number: 0128** (For Agency Use Only)

Today's Date: 8/2010

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

Name: Debbie

Date of Birth: 10/31/1985

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

Insurance Co: Aetna

Address: \_\_\_\_\_ City: Tobyhanna State: PA Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: yes at all above numbers May we leave a Message at (Pls. Circle): Home Work Cell

E-mail Address: \_\_\_\_\_

**I check my email:** all day (yes) \_\_\_\_\_ once a day \_\_\_\_\_ several times a week \_\_\_\_\_ rarely \_\_\_\_\_

Are you currently listed with any other clinics or agencies? yes 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? a.s.a.p

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

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

Are you (Pls. Circle): Single **with no** relationship

Are you a U.S. Citizen? ( Yes) No

Do you have medical insurance? yes Are you willing to travel for an egg donation? yes

Do you have any legal cases pending against you? no Have you ever filed bankruptcy? no

Have you ever been convicted of a crime? no If yes, please elaborate: \_\_\_\_\_

## PHYSICAL CHARACTERISTICS

Age: 26 Height: \_5'7\_ Weight: \_122\_\_\_\_\_ **Measurements:** Bust\_36 B\_\_\_\_\_ Hips \_36''\_\_\_\_\_ Waist 20''\_( size 5)

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) German , French , Cherokee Indian , polish

Mother's Side: polish, Cherokee Indian

Father's Side: German , French

Blood Type: a + (+ or -) Place of Birth: new jersey

What celebrity do people most commonly say you look like? Uma Thurman / Britney Spears

### Please circle appropriate response:

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

Skin:	*Tone	light	med-light	(medium)	med-dark	dark	olive
	*Tan Ability	none	slight	medium	(easy)		
	*Condition	(normal)	dry	oily	medium		
combination							
	*Acne	none	(slight)	medium	severe	at what	
age_13____							

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Other Facial							
Features:	*Moles	none	one	several	numerous		
	*Freckles	none	several	moderate	numerous		
	*Dimples	none	(slight)	medium	deep		

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Eyesight:	*Vision	normal	far-sighted	(near-sighted)			
	*Glasses	(none)	single	bifocal			
	*Astigmatism	yes	(no)	age diagnosed _____			

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Dental:	*Device	(none)	braces	retainer	other _____		
	*Reason	cosmetic	accident	disease	other _____		
	*Age during use _____ to _____ years of age						

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Other:	*List _____						
	*Reason/Cause _____						

### REPRODUCTIVE HISTORY

Age at first period? \_\_12\_\_\_\_ Are your cycle's regular? \_\_yes\_\_\_\_

How long are your cycles from day one to the next day one? \_\_29 days\_\_\_\_ How long do they last? \_\_4-5 days\_\_

Do you experience cramps? None (Mild) Average Severe

Method of birth control? \_\_none\_\_\_\_ If none, in the past? \_

Have you ever been pregnant? \_\_yes\_\_\_\_ If yes, did you have trouble conceiving? \_\_no\_\_\_\_

Have you ever been treated for infertility? \_\_no\_\_\_\_

Did your mother take DES while she was pregnant with you? \_no\_\_\_\_

### List of pregnancies and outcomes below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.2004	c-section 2005				
2.					
3.					
4.					

Any complications? \_\_\_\_\_no\_\_\_\_\_

## MEDICAL HISTORY

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

1. \_\_\_\_\_c-section august 20 2005\_\_\_\_\_
2. \_11/28/2007 egg retrieval\_\_\_\_\_
3. 04/30/2008 egg retrieval
4. 05/21/2010 egg retrivial
5. in cycle as of 8/18/2010

Have you had a blood transfusion in the last 12 months? \_\_\_\_\_no\_\_

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

Any hospitalizations not mentioned above? \_\_no\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you been exposed to radiation or toxic chemicals in your work or personal life? \_no\_\_\_\_\_

\_\_\_\_\_

Have you received a bite from an animal suspect for rabies within the last 6 months? \_\_\_\_\_no\_\_\_\_\_

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

\_\_\_\_\_

\*Do you smoke cigarettes? \_\_no\_\_ Packs per day? \_\_\_\_\_ # of years\_\_\_\_\_ # of years quit \_\_2 months\_\_\_\_\_

Do you now or have you ever taken recreational drugs? \_\_no\_\_\_\_\_ If so, What? \_\_\_\_\_

Do you drink alcohol? \_no\_\_\_\_\_ If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_  
month?\_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? \_no\_\_\_\_\_ Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: \_\_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? \_\_yes\_\_\_\_\_ If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
11/28/2007	19	Anonymous	Anonymous	Anonymous
04/30/2008	23			
05/21/2010	25			
08/18.2010	In cycle			

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

What is the compensation you are asking for your donation? \_8000\_\_\_\_\_ (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \_\_7000\_\_\_\_\_

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

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

Will you require childcare reimbursement? \_\_yes\_\_\_\_\_ If yes, what is the hourly rate? \_\_6 hr\_\_\_\_\_ X \_\_1\_\_\_ kids

Have you been sexually active in the past 6 months? \_no \_\_\_\_\_

Are you currently sexually active? No If yes, is it a monogamous relationship and for how long? \_\_\_\_  
If no, will your partner consent to standard blood testing? \_\_\_\_yes\_\_\_\_\_

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

**xNone of the Above**

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_ 12  
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: **Real Estate Academy**

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

Please list names and year of all colleges attended:

	<u>College</u>	<u>Year</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

What was your favorite subject in school? math You're least favorite? health

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

As an adult I am most proud of: being a wonderful mother and wife

Currently I have a career in: I'm focusing on my son; raising him right

I have been in this profession for 2 days/mos/years

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

Languages: Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

I consider myself: x Athletic x Active Average Inactive

Physical activities include: basketball softball exercising

Have you excelled in any physical activities? \_\_\_\_\_

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: good

Other skills or talents? \_\_\_\_\_

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

**\*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	brown	5'3 100lbs	olive	44		
Father	blonde	blue	6'0 160lbs	med	45		
Brother: 1.	Brownish blonde	brown	6'0 140	med	23		
2.							
3.							
4.							
Sister: 1.	brown	brown	5'5 145	med	25		
2.							
3.							
4.							
Maternal Grandmother	black	brown	4'6 132	olive	67		
Maternal Grandfather	Na	Na	Na	Na	na		
Paternal Grandmother	blonde	blue	5'3	fair	72		
Paternal Grandfather	brown	blue	6'1	fair	75	75	Old age
Children: (If Any) 1.	brown	brown	na	olive	2		
2.							
3.							
4.							

Are you adopted? \_no\_ If yes, do you have access to your biological health history? \_\_\_\_\_  
 Twins or multiple births in the family? \_\_\_\_\_ If yes, how many sets? \_\_\_\_\_

Are there any known genetic diseases that run in your family? no If yes, please identify all such diseases and explain in as much detail as possible:

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Has anyone in your family been born with a birth defect? no If yes, please explain in detail:

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Have you had a brother or sister die in infancy or early childhood? no If yes, please explain the cause of death:

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Have you ever been tested for:

Cystic Fibrosis (Caucasian) na

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? great sense of humor kind don't get mad easy

What is your philosophy of life? you only live once live it well

What qualities and characteristics would you hope the recipient parents possess? a kind heart and great parents

How does it make you feel at the possibility of their offspring knowing about the donation? doesn't matter

How would you describe your childhood? Good!

What is the earliest memory you hold as a child? 4 years old

What was it like growing up in your family? It was good, they were loving and caring.

What religion did you belong to as a child? N/A



**When I Was A Child:**

My favorite thing to do was: \_\_\_\_\_puzzles

At home I was expected to: \_\_clean\_\_\_\_\_yes

My parents were strict about: \_\_cleaning\_\_\_\_\_yes

My parents taught me to value: \_\_life and family\_\_\_\_\_yes

What I loved most about my father was: \_\_\_\_\_he \_was a wonderful father

What I loved most about my mother was: \_\_\_\_\_she was a great friend

My favorite relatives were: \_\_\_\_\_my nanny and pappy

I loved to visit: \_\_\_\_\_nanny and pappy

In comparison to others I was: \_\_\_\_\_thoughtful

**Your Teenage Years:**

Describe yourself as a teenager: \_\_\_\_I was a good one and liked to hang with my friends and work

Describe your achievements: \_\_\_\_diploma real estate academy and having a great son

Did you do poorly at anything? \_\_health class

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? \_\_no

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): Giving to another to have the same chance I do; raising a child

What message would you like passed on to the recipient of your eggs/their offspring? \_\_to live life to the fullest and anything can happen if you put your mind to it

What helped you decide to become an egg donor? \_\_\_\_to help another

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 believe in Jesus

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? \_\_\_\_to help others as much as I can and yes I believe every day I do that

What do you see yourself doing in the next 5-10 years? Real Estate

What would you like your recipient couple to know about you that has not already been asked? i wish them the best of luck and hope they get what they've been praying for

What is your favorite color? I like all

Favorite type of food? lobster

Favorite movie? lifetime LMN

Favorite type of music? R&B

Favorite Book? none

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

Would you be willing to meet a child conceived as the result of your donation? na Please elaborate:  
\_\_\_\_\_

Would you be interested in possibly meeting the prospective parents? Doesn't matter

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

I think things happen for a reason. I wouldn't agree with it but I'd understand why a person would

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

Yes

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?

No

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 like to know what they do with them.

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor?  
If it helps them have a baby then its okay.

Is there a message you would like to leave for your prospective parents? I wish you the best of luck! I'd like to be the one to help but if not I hope you find someone who matches what you're looking for in a donor and once again I wish you the best and god bless you and your family!!!

### 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: 8/18/2010

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: 08/18/2010

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

Date: \_\_\_\_\_

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the only information that your intended parents have to make a healthy and intuitive choice for their offspring.

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke					pgf		Age 72
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure					pgf		Age 65
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum							
B. gall stones							
C. hepatitis A							
D. hepatitis B							
E. cirrhosis							
F. colon cancer							
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
<b>NEUROLOGICAL</b>							
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis							
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease							
N. other diseases of the nervous system							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis					grandmother		
I. gout							
<b>SIGHT/SOUND/SMELL</b>							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
<b>SKIN</b>							
A. acne	light						
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							