

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

**Donor Number: 0332** (For Agency Use Only)

Today's Date: 8/22/11

Date of Birth: 9/25/1981

How did you hear of An Eggceptional Match? (If website, pls. specify): Friend and donor with AEM

I am interested in an ( ) Open ( ) Anonymous ( ) Semi-Open-Donation **( X ) No Preference**

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

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

Address: \_\_\_\_\_ City: Great Falls State: MT 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

Are text messages permissible and if so at what telephone numbers? **Yes** No \_\_\_\_\_

Are you currently listed with any other clinics or agencies? X no \_\_\_\_\_ If yes, whom? \_\_\_\_\_

Have you signed a contract with any other clinic or agency? X 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? Immediately

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

Relationship: Husband Ph: \_\_\_\_\_

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

Are you (Pls. Circle): **Married**      Single with relationship      Single without relationship

Are you a U.S. Citizen? **Yes**      No

Do you have medical insurance? **Yes**      No

If so, provide name of your health plan and identification number: Tricare Standard

Are you willing to travel for an egg donation? Yes      No      Possibly if: scheduled and planned sufficiently

Do you have any lawsuits or other legal claims pending against you? Yes      **No**

Have you ever filed bankruptcy? Yes      **No**      If so, when? \_\_\_\_\_

Have you ever been convicted of a crime? Yes      **No**      If yes, please provide details including date, name of criminal offense, date of conviction, location, etc.:  
\_\_\_\_\_

### PHYSICAL CHARACTERISTICS

Age: 31      Height: 5' 3"      Weight: 128      Measurements: Bust 36      Hips 38      Waist 31

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) English and German

Mother's Side: English

Father's Side: English and German

Blood Type: A+      Place of Birth: Alturas, CA

What celebrity do people most commonly say you look like? Alexis Bledel

**\*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**

**PLEASE CIRCLE (OR HIGHLIGHT) APPROPRIATE RESPONSE**

**Body Type/Bone Structure:** small

medium

large

<b>Hands:</b>		right-handed	left-handed	ambidextrous		
<b>Eyes:</b>	*Color	brown	hazel	green	blue	
	*Set	narrow	average	wide		
	*Size	small	average	large		
	*Shape	round	oval	almond		
	*Shade	light	medium	dark		
<b>Hair:</b>	*Natural Color	blond	brown	black	red	other _____
	*Color as child	blond	brown	black	red	
	*Shade	light	medium	dark		
	*Type	straight	wavy	curly		
	*Fullness	thin	medium	thick		
	*Texture	fine	medium	course		
<b>Nose:</b>	*Size	small	medium	large		
	*Width	narrow	average	wide		
	*length	short	average	wide		
	*Nostril Flare	small	average	wide		
<b>Cheekbones:</b>	*Set	low	average	high		
	*Prominence	slight	medium	strong		
<b>Mouth:</b>	*Size	small	average	large		
	*Lips	thin	average	full		
<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: 12-14
<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 (reading)	bifocal		
	*Astigmatism	yes	no	age diagnosed	_____	
<b>Dental:</b>	*Device	none	braces	retainer	other	_____
	*Reason	cosmetic	accident	disease	other	_____
	*Age during use _12_ to _14_ years of age					

### REPRODUCTIVE HISTORY

Age at first period? 11 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 28 How long do they last? 5

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

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

Have you ever been pregnant? yes If yes, did you have trouble conceiving? no

Have you ever been treated for infertility? no

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

### LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1. 2008	Vaginal: Boy				
2. 2010	Vaginal: Girl				
3.					
4.					
5.					
6.					

Any complications? no

## DONATION HISTORY

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

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

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

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

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

Will you require missed wages from work? Possibly

If yes, what is your hourly wage? \$20 How many hours per week do you work? 40

Will you require childcare reimbursement? yes If yes, what is the hourly rate? \$3.125 X 2 kids

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

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

1. Tonsils in August 1997
2. Wisdom Teeth in December 1997

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

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

Any hospitalizations not mentioned above? Yes If yes, please explain: TBI in May 2002 from Bike/Car accident

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

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

\*Do you smoke cigarettes? no Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit \_\_\_\_\_

Do you now or have you ever taken recreational drugs? no If so, What? \_\_\_\_\_

Do you drink alcohol? yes If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? 2-3

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: \_\_\_\_\_

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

no

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 1/2 yrs

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

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? \_\_\_\_\_

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 Abnormal Pap – retest was normal

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

TriNessa birth control pill with 1 pill per day.

Prenatal Vitamins taking 2 per day.

Fluticasone Propionate nasal spray with 1 spray in each nostril per day during a sinus infection or cold.

**\*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.**

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: 3.60)  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: \_\_\_\_\_  
Philosophy w/ minors in Exercise Science and Fitness Instruction  
Currently pursuing advanced degree in: \_\_\_\_\_  
Completed advance degree in: Exercise Science with emphasis in Rehab  
Vocational/Trade School: AAS in PTA and Massage Therapy school

Test Scores: SAT's: 570 verbal and 510 math in 1999 ACT's: \_\_\_\_\_ College GPA: see below

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>	<u>GPA</u>
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1. <u>Arapahoe Community College</u>	2010	3.24
2. <u>Cal. Univ. of Pennsylvania</u>	2007	3.83
3. <u>UC Santa Barbara</u>	2005	2.48

What was your favorite subject in school? Biology and Kinesiology You're least favorite? Algebra

Dean's List or Honor Roll? Yes, High School, Junior College, and Master's Degree

As an adult I am most proud of: My family and educational accomplishments

Currently I have a career in: Physical Therapy as a Physical Therapy Assistant

I have been in this profession for 1 days/mos/years

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

Languages: Speak: English and basic Spanish

Read: English and basic Spanish

Write: English and basic Spanish

I consider myself: Athletic Active Average Inactive

Physical activities include: Hiking, biking, horseback riding, gym, yard work

Have you excelled in any physical activities? cheerleading and horseback riding

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy balanced diet

Other skills or talents? Sewing

Do you show artistic or musical ability? Yes If yes please explain: Flute 8 yrs, Alto Sax 1 yr, Choir 1 yr

## FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'3" 160lbs	Fair	55		
Father	Brown	Blue	5'10" 180lbs	Medium		57	*Non-Hodgkins Spleenic Lymphoma
Brother: 1.							
2.							
Sister: 1.							
2.							
Maternal Grandmother	Brown	Hazel	5'2" 140lbs	Medium	75		
Maternal Grandfather	Brown	Brown	5'10" 170lbs	Fair	77		
Paternal Grandmother	Light Brown	Blue	5'3" 160lbs	Fair		55	Heart Attack
Paternal Grandfather	Blonde	Blue	5'10" 170lbs	Medium		58	Heart Attack
Children: (If Any)							
1. Son	Blonde	Blue	40" 38lbs	Medium	3		
2. Daughter	Blonde	Blue	30" 22lbs	Fair	10 months		
3.							
4.							

Are you adopted? No If yes, do you have access to your biological health history? \_\_\_\_\_

Twins or multiple births in the family? No If yes, how many sets? \_\_\_\_\_

\* My father was diagnosed with cancer when he was 56 and died a week short of his 57th birthday. It took the doctors 3 weeks to figure out what was wrong with him and his entire illness only lasted 7 weeks from the time he went to the hospital to when he died. He was too weak for chemo or radiation after his splenectomy and the cancer had already metastasized to other areas of his body. The VA doctors attributed the cause of his cancer to exposure to agent orange in Vietnam.



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

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

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

**Have you ever been tested for:**

Cystic Fibrosis (Caucasian) No

Sickle Cell (African American) No

Thalassemia (Greek/Italian) No

Tay-Sach's (Jewish) No

Fragile X No

Spinal Muscular Atrophy No

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

How would you describe your personality and temperament? Even-tempered, thoughtful, practical, reliable, determined, friendly, goal-oriented, hardworking, optimistic

What is your philosophy of life? Do the best you can with what you have. If you get bucked off, get up and get back on. Happiness is a journey, not a destination.

What qualities and characteristics would you hope the recipient parents possess? Loving, structured, outgoing, flexible, funny, disciplined, objective, fair, adventurous

How does it make you feel at the possibility of their offspring knowing about the donation? It does not bother me at all. I would not want potential recipients to lie to the children, but rather have them have a thought-out explanation.

How would you describe your childhood? Full of outdoor activities like camping, snow and water skiing, horseback riding. School was always important. Success was encouraged.

What is the earliest memory you hold as a child? Jumping on the bed at friends house.

What was it like growing up in your family? Kind of intense due to having so many activities. I felt a bit like I had to fill a void being the only child, but I had a lot of love and attention from my parents and grandparents. I always aspired to make them proud.

What religion did you belong to as a child? None – my parents were not religious

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

My favorite thing to do was: build tree forts and play in the woods and fields

At home I was expected to: have good table manners and do my chores

My parents were strict about: being responsible for and taking care of pets

My parents taught me to value: hard work, fairness, and good manners

What I loved most about my father was: he was laid back, but a good leader and could fix anything

What I loved most about my mother was: that she was very dependable and would stick up for me

My favorite relatives were: Cousins and my maternal Grandmother

I loved to visit: the mountains to camp in summer and ski in winter

In comparison to others I was: somewhat of a dreamer

### **Your Teenage Years:**

Describe yourself as a teenager: Busy with cheerleading, track, and 4-H. Very motivated, goal-oriented, open-minded, loyal, friendly

Describe your achievements: I held every office in my 4-H club including president for 2 years. All Star Jr. Leader in 3 projects. Jr. showboard vice president. Cheer captain Jr. and Sr. years. County Fair Queen in 1999. Fashion review chair person 2 years. Many awards at county and state fairs.

Did you do poorly at anything? I had a hard time with algebra

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Some acne, mostly from 12-15 years old.

What do you hope to achieve by volunteering in an egg donor program? I hope to better the lives of another couple by giving them the opportunity to start a family and to give a few more of my eggs the chance to grow into successful, productive members of society.

What message would you like passed on to the recipient of your eggs/their offspring? Please remember to put the children first and to set them up for success by creating a loving but disciplined environment.

What helped you decide to become an egg donor? Good feedback from other donors and the support from my husband.

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? Spiritual

Do you have any ethical, moral or religious reservations about being an egg donor?

No, if I do not donate, the remainder of my eggs would just go to waste.

What are your personal goals? Have you achieved any of these goals? Graduate from college, a career in physical therapy, get married and start a family, and buy a house have all been accomplished. The next goal I have is to remodel my parents house, which is in the planning stages now.

What do you see yourself doing in the next 5-10 years? Continue to raise my family and work in physical therapy.

Possibly pursue a doctorate degree in physical therapy. Move to California and/or Europe.

What would you like your recipient couple to know about you that has not already been asked? I have only had one cavity in my teeth.

What is your favorite color? Periwinkle

Favorite type of food? Fresh fruit and Italian

Favorite movie? Princess Bride, 5<sup>th</sup> Element

Favorite type of music? Country and Alternative

Favorite Book? Harry Potter series, Pride and Prejudice

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I figure that gay and single parents have as good a chance as anyone in today's environment as long as they have a good support system in place.

Would you be willing to meet a child conceived as the result of your donation? Maybe Please elaborate: If the child is too young to understand, or mature of enough to understand I think it would be alright; however, I do not think it would be a good idea to meet with adolescence that may not fully understand and may be confused.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? I am fine with prospective parents knowing my name, I am not decided if I would want to meet them yet.

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

I would not a child brought into this world that would suffer needlessly, so depending on the nature of the defect,

I do not have a problem with abortion.

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 fine with that as long as they are capable of providing a good home. I would sign a release

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 would sign a release, otherwise they would just go to waste.

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 happens to leftover embryos.

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

I am fine with that as long it is for medical reasons, and not just because the mother does not want to be pregnant.

Is there a message you would like to leave for your prospective parents? I am excited to have the opportunity to become an egg donor since my husband and I have 2 children of our own and have decided that we are done having children. I am happy that I am able to give others this chance to have children of their own. I just hope that any children that my eggs help create come into this world with loving and supportive parents that will give them the opportunities needed to grow into productive members of society.

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

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack					PGM, PGF		Lifestyle
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hay fever							
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					MGM		Type 2. Diag. @ 70
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					MGM		@57. hysterectomy-

							grandmother was about 57 when she was diagnosed with cancer of the uterus. They did a complete hysterectomy. I don't believe they did any chemo or radiation.
<b>NEUROLOGICAL</b>	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. migraines							
B. mental retardation							
C. senility before age 50							
D. Multiple Sclerosis							
E. Cerebral Palsy							
F. epilepsy							
G. hydrocephalus							
H. disorder of the spinal cord							
I. Huntington's chorea							
J. Gaucher's disease							
K. Wilson's disease							
L. Creutzfeldt-Jacob disease							
M. Alzheimer's disease							
N. other diseases of the nervous system							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
A. muscular dystrophy							
B. other chronic muscle disease							
C. lupus							
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis							
I. gout			X				In elbow, surgical removal
<b>SIGHT/SOUND/SMELL</b>							
A. deafness before age 60							
B. deformity of the ear							
C. cataracts before age 50							
D. blindness							
E. color blindness							
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
<b>SKIN</b>							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							

D. any other cancer not mentioned above			X				Non-Hodgkin's Splenic Lymphoma @ 56 from agent orange in Vietnam
E. any other condition not mentioned above							

12/2007

## RISK FACTORS

Yes

No

Comment

Have you ever been sexually active with a male who was gay or bisexual?

Yes

No

Have you ever injected drugs or had a sexual partner who did so?

Yes

No

Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?

Yes

No

Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?

Yes

No

Have you ever had sex in exchange for money or drugs?

Yes

No

Have you ever been sexually active with a person who has had sex in exchange for money or drugs?

Yes

No

Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?

Yes

No

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?

Yes

No

Have you had an accidental needle stick within the past 12 months?

Yes

No

Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?

Yes

No

In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?      **Yes**      **No**

**(Cont'd)**

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

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

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

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

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

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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?**

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

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Do you have a history of changes in cognition, speech or gait?      **Yes**      **No**      *After the TBI that I had in college.*

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

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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**

**(Cont'd)**



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	
From 1980 to present, have you spent time that adds up to 5 years or more in Europe?	Yes	No	if so, where?
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?	Yes	No	If so, when?
If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there?	Yes	No	
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?	Yes	No	
Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	Yes	No	if so, when?
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?	Yes	No	if so, who?
Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	No	
Have you ever received a human organ, tissue transplant or human extract?	Yes	No	

**(Cont'd)**

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Have you ever been excluded as a blood donor?	<b>Yes</b>	<b>No</b>	<b>if so, why?</b>
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Have you been diagnosed or suspected to have Chagas' disease?	<b>Yes</b>	<b>No</b>
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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?	<b>Yes</b>	<b>No</b>
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Have you received a bite from an animal suspected for rabies within the last six months?	<b>Yes</b>	<b>No</b>
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## 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: \_\_\_\_\_ 8/22/11 \_\_\_\_\_

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: \_\_\_\_\_ 8/22/11 \_\_\_\_\_

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

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