

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

Donor Number: **# 0149** (For Agency Use Only)

Today's Date: 12/15/2010

Name: Quinn

Date of Birth: 06/10/1981

Social Security #: _____ Insurance Co: Tri-Care Prime

Address: _____ City: Rapid City State: SD Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a Message at (Pls. Circle): Home Work Cell

E-mail Address: _____

I check my email: all day **once a day** several times a week rarely

Are you currently listed with any other clinics or agencies? No If yes, whom? _____

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:

How soon are you able to begin your donation? Anytime

Who may we contact in case of an emergency? _____ Ph: _____

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

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

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

Do you have medical insurance? 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: 30 Height: 5'6 ½" Weight: 160 lbs Measurements: Bust38" Hips 31.5" Waist

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

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

Mother's Side: German

Father's Side: German

Blood Type: A (+ or -)

Place of Birth: Loma Linda, CA

What celebrity do people most commonly say you look like? N/A

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 <u> </u>
	*Color as child	blond	brown	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	easy
	*Condition	normal	dry	medium combination
	*Acne	none	slight	medium severe at what age <u> </u>

Other Facial

Features: *Moles **none** one several numerous
 *Freckles **none** several moderate numerous
 *Dimples none slight medium deep

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

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

Other: *List _____
 *Reason/Cause _____

REPRODUCTIVE HISTORY

Age at first period? 16 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28-30 How long do they last? 5

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

Method of birth control? None If none, in the past? Levlen 28 OCP

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. 2003	Girl/Vag				
2.					
3.					
4.					

Any complications? None

MEDICAL HISTORY

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

1. Wisdom teeth X 4 extraction at age 14

2. _____

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

If yes, please list date and reason: _____

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

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

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

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

*Do you smoke cigarettes? No Packs per day? _____ # of years _____ # of years quit 2

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: Multi-Vitamin and Motrin 800 mg PRN.

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

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

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

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

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

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

Have you been sexually active in the past 6 months? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? Yes, 1 yr
If no, will your partner consent to standard blood testing? _____

Have you or your partner ever had a sexually transmitted disease? No If yes, when and what was your treatment regimen? _____

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? Yes If yes, please explain treatment Had cervicitis (inflammation of the cervix) in 2004 caused by HPV (not genital warts). Always had normal paps since then.

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

EDUCATION

Highest Level of Education Completed: Grade School _____
Jr. High School _____
Sr. High School (GPA: 3.6)
Currently in College pursuing a degree in: Allied Health Science
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: N/A ACT's: Unknown College GPA: 3.6

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>CC of the Air Force</u>	<u>2000-2002</u>
2. <u>National American Un.</u>	<u>2004-Present</u>
3. _____	_____

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

Dean's List or Honor Roll? No

As an adult I am most proud of: My personal accomplishments and serving my country in the Air Force.

Currently I have a career in: Medical, EMT-Basic

Hours per week I work: 40-46 I have been in this profession for 6.5 days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: English

 Read: English

 Write: English

I consider myself: Athletic Active Average Inactive

Physical activities include: Softball, hiking, running, swimming

Have you excelled in any physical activities? Softball in H.S.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Normal

Other skills or talents? Interior decorating, landscaping and cooking

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	Blue	5'7.5" 200	Fair	54		
Father	Brown	Brown	5'8" 135	Dark	59		
Brother: 1.	Brown	Blue	6'2" 200	Dark	31		
2.	Brown	Brown	6'3" 180	Dark	25		
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Blue	5'7" 130	Fair		60	Heart Disease (poor diet)
Maternal Grandfather	Brown	Blue	5'8" 200	Fair		60	Undiagnosed colon cancer.
Paternal Grandmother	Brown	Brown	5'5" 140	Fair		72	Emphysema
Paternal Grandfather	Brown	Brown	5'8" 180	Fair	78		
Children: (If Any) 1.	Blonde	Blue	3'3" 38	Fair	3 ½		
2.							
3.							
4.							

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

Twins or multiple births in the family? Yes If yes, how many sets? 2

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

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

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

Have you ever been tested for:

Cystic Fibrosis (Caucasian) _____

Sickle Cell (African American) Yes

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

If yes to any of the above, were you determined a carrier? No (Not African American-lab required in Military)

How would you describe your personality and temperament? Very independent, a go-getter, takes a lot to get me angry.

What is your philosophy of life? Help others in need while working towards your goals

What qualities and characteristics would you hope the recipient parents possess? Kind heart, patience.

How does it make you feel at the possibility of their offspring knowing about the donation? No problem.

How would you describe your childhood? Full of wonderful memories and loving parents who worked hard.

What is the earliest memory you hold as a child? My MGF pulling me in my little red wagon.

What was it like growing up in your family? Full of love, vacations, always had help if needed.

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Ride bikes with my brothers

At home I was expected to: Clean my room, finish homework

My parents were strict about: curfew times

My parents taught me to value: Ourselves, the things we work hard for

What I loved most about my father was: He could fix anything! Could talk to him easy

What I loved most about my mother was: Her hard work and giving to others

My favorite relatives were: Aunt Helen and Uncle Stan (Maternal)

I loved to visit: Same as above, we always went to the beach and camping

In comparison to others I was: Very independent and enjoyed giving

Your Teenage Years:

Describe yourself as a teenager: Enjoyed time with friends and family, loved sports such as softball and enjoyed school.

Describe your achievements: Completing H.S., working for Yellowstone National Park, joining the Air Force and having my son Jaydon. Purchasing 1st house, college and getting married.

Did you do poorly at anything? Math!

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

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I love helping others! Want to give the gift of life!

What message would you like passed on to the recipient of your eggs/their offspring? I feel very blessed to give this wonderful couple the best gift of life. I know you will be loved completely.

What helped you decide to become an egg donor? This is something I have wanted to do for a few years now. I love giving to others.

Do you consider yourself a reliable person? Definitely

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? I am a spiritual person

Do you have any ethical, moral or religious reservations about being an egg donor? None

What are your personal goals? Have you achieved any of these goals? Achieve a degree in health sciences, help couples with infertility, achieved higher rank in Air Force and attending college on – line.

What do you see yourself doing in the next 5-10 years? Attending college, saving money for son's education and making rank in the Air Force

What would you like your recipient couple to know about you that has not already been asked? If I am chosen as your donor, you will be very satisfied. I will do everything possible to make it an enjoyable process for you.

What is your favorite color? Red

Favorite type of food? Pasta

Favorite movie? The Secret Garden (children's fav)

Favorite type of music? Instrumental

Favorite Book? Island of the Blue Dolphins (children's fav)

Would you be willing to donate to gay or single prospective parents? Yes Please specify: Definitely

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If the parents so desire

Would you be interested in possibly meeting the prospective parents? Yes, if the parents so desire.

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

I believe this procedure should take place only if fetus is severely defected and for the safety of the mom.

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?

Of Course!

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research?

Yes, as long as no other couple can use them.

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?

Fine

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

Fine

Is there a message you would like to leave for your prospective parents? All the best of luck!

CONSENT FORM

Under the penalty of perjury, I attest that all of the information I have provided in my donor application is true and complete to the best of my knowledge. I also have a good understanding of the commitment involved in the egg donation process.

Donor's Printed Name: _____

Donor's Signature: _____

Date: _____

I _____ give An Eggceptional Match, LLC full authority to include my photographs on its web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors and assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: _____

Date: _____

Witness to Signatures above: _____

Date: _____

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

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke					X		PGF –Age 70 living
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure					X		MGM –Age 58
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					X		PGM-Smoking
D. tuberculosis							
E. lung cancer							
F. pneumonia			X				COPD-Smoker-living
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					X		MGM-Age 60
G. ulcerative colitis							
H. Crohn's disease							
I. cystic fibrosis							
J. intestinal cancer							
K. any other cancer/digestive prob.							
METABOLIC/ENDOCRINE							
A. diabetes mellitus					X		MGM-Age 58 lifestyle
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
URINARY							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
GENITAL/REPRODUCTIVE							
A. undescended testicle							
B. hypospadias							
C. prostate cancer							
D. uterine fibroids							
E. ovarian cysts							
F. cancer of cervix, ovaries or uterus							

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