

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

Donor Number: 0286 (For Agency Use Only)

Today's Date: 10-24-2009

Date of Birth: 06-11-1987

How did you hear of An Eggceptional Match? (If website, pls. specify): recommended by a friend

Full Legal Name and any aliases:

Social Security #: Insurance Co: Blue Cross PPO

Address: _____ City: Studio City State: Ca Zip:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a voicemail message at: (Pls. Circle): **Home** **Cell**

Are email communications permissible? If so, what is your E-mail Address:

I check my email: all day

Are text messages permissible and if so at what telephone numbers? Yes

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? This month.

Who may we contact in case of an emergency?

Relationship Mother Ph:

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

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

Are you a U.S. Citizen? No

Do you have medical insurance? Yes

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

Are you willing to travel for an egg donation? Yes Possibly if: _____

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

Have you ever filed bankruptcy? No If so, when? _____

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

PHYSICAL CHARACTERISTICS


Age: 24 Height: 5'10 Weight: 135 **Measurements**: Bust ____36__ Hips ____34__ Waist ____26__

Race: Caucasian

Ethnicity: Polish

Mother's Side: Polish

Father's Side: Polish

Blood Type: A (+ or )

Place of Birth: Warsaw, Poland

What celebrity do people most commonly say you look like? _____

***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: medium

Hands: right-handed

Eyes: *Color **brown**
*Set **average**
*Size **average**
*Shape **almond**
*Shade **dark**

Hair: *Natural Color **brown**
*Color as child **brown**
*Shade **dark**
*Type **straight**
*Fullness **thick**
*Texture **fine**

Nose: *Size **small/medium**
*Width **average**
*length **average**
*Nostril Flare **average**

Cheekbones: *Set **high**
*Prominence **medium**

Mouth: *Size **average**
*Lips **average**

Chin: *Shape **oval**
*Prominence **average**
*Cleft **none**

Skin: *Tone **med-light**
*Tan Ability **medium**
*Condition **normal**
*Acne **slight**

Other Facial Features: *Moles **One beauty mark**
*Freckles **a couple of cute ones**
*Dimples **yes, slight**

Eyesight: *Vision **excellent**
*Glasses **none**
*Astigmatism **no**

Dental: *Device **none**

REPRODUCTIVE HISTORY

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

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

Do you experience cramps? Mild

Method of birth control? Birth control pills If none, in the past?

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

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.					
2.					
3.					
4.					
5.					
6.					

Any complications?

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? ____\$8,000____

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? \$9.00 How many hours per week do you work? ____20____

Will you require childcare reimbursement? ____No____ If yes, what is the hourly rate? ____ X ____ kids

MEDICAL HISTORY

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

1. ____Bunion Surgery____05/2009____
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: _____

EDUCATION

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

Test Scores: SAT's: _____None_____ ACT's: _____None_____ College GPA: _____3.0 +_____

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

1. Warsaw University _____2006-2007
2. Los Angeles Valley College _____2007-2009
3. Accepted to Cal State Northridge will begin Jan 2010

What was your favorite subject in school? _____Art_____ Your least favorite? _____Chemistry_____

Dean's List or Honor Roll? Yes, In both elementary and high school_____

As an adult I am most proud of: Being an independent woman, with high priorities and goals.

Currently I have a career in: The real estate and entertainment business.

I have been in this profession for _____1_____ years

*I have flexibility in my current profession: Yes

Languages: Speak: English, Polish_____

Read: English, Polish, Russian

Write: English, Polish, Russian

I consider myself: Athletic, sensitive, great sense of humor, friendly, fun loving, intelligent, easy going, optimistic, graceful, artistic, motivated, motherly and caring, intriguing, outgoing, adventurous, determined, well traveled, curious, elegant, cultured, sophisticated and stylish.

Physical activities include: Gym, yoga, bicycle, swimming, running

Have you excelled in any physical activities? Running (100 meter and 1mile)

Manual Dexterity: Dexterous_____

I would describe my diet as: Healthy,organic; I try to include a lot of vegetables, fruits, and water into my diet.

Other skills or talents? Artistic,including exceptional drawing skills. I am knowledgeable in art history, am a fashion model, an athlete, beauty pageant winner and have a talent for languages.

Do you show artistic or musical ability? Yes_ If yes please explain: I have a great love for drawing, and I'm interested in interior design.

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Brown	5'8" 132lbs	Medium dark	48		
Father	Dark Brown	Brown	6' 230lbs	Medium	53		
Brother: 1.	Dark Brown	Brown	5'8" 160lbs	Medium Dark	26		
2.							
Sister: 1.							
2.							
Maternal Grandmother	Black	Brown	5'9" 140lbs	Medium Dark		60	Smoking induced lung cancer.
Maternal Grandfather	Brown	Brown	6'2" 220lbs`	Light		60	Died as a result of an improper blood transfusion and medical malpractice.
Paternal Grandmother	Brown	Brown	5'7" 160lbs	Light	74		
Paternal Grandfather	Brown	Brown	5'9" 200lbs	Light	81		
Children: (If Any) 1.							
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? ___1_____

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_____

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

How would you describe your personality and temperament? I am a very open and honest, supportive, encouraging, loving person. I love to spend time with my family and friends, love people and enjoy being social and outgoing. I am very optimistic, fun-loving and am always smiling; I find that even the small things in my life bring me happiness. I am also patient, understanding and don't get angry easily. I am also very responsible, affectionate, humorous, considerate, accepting and thorough; when I start projects, I always finish them and am highly motivated to succeed and accomplish goals that I set for myself.

What is your philosophy of life?

I believe in Karma, and that you will get whatever you give back to those around you. I believe that if you are kind hearted and genuinely good to people, then they will treat you the same. I also appreciate the many gifts and blessings in my life and even the day to day small things bring me happiness. I also enjoy the beauty in life and I don't take a single day for granted, I realize that there are so many unfortunate people and circumstances in the world today and so I try to give back to my community and treat others with dignity and kindness. I also believe that family is the most important thing in this world and that it's important to maintain great relationships with them, always be supportive and show love and appreciation for them.

What qualities and characteristics would you hope the recipient parents possess? I would hope that family would be an important aspect in their lives, as well as ambition to succeed and to provide a great life for their children, full of experiences, travel and life lessons.

How does it make you feel at the possibility of their offspring knowing about the donation? I would be okay with the children knowing that they were conceived through egg donation.

How would you describe your childhood? I was blessed with a very happy childhood. My older brother is the best brother I could have ever asked for, he was always involved in my life and activities and was definitely the protective older brother stereotype. My Mom has been very encouraging, supportive, giving, attentive and always make sure I had everything I needed to succeed in life and to become the woman I am today. My Dad has always been very accepting and supportive of my decisions.

What is the earliest memory you hold as a child? I remember playing in a swimming pool with my older brother in Poland when I was five years old. It was during the summer, and we had an awesome time just playing games in our garden, while our mom was in doors cooking dinner. My best memories as a child took place during the summer months, since the sun was always shining and the weather was warm we were allowed to play outside all day long.

What was it like growing up in your family?

Our family is a very tight -knit, happy family and we were always spending time together . My parents were loving yet responsible and everyday after school they made sure that my brother and I completed our homework, cleaned our rooms, and helped out with the gardening. Every Sunday we spent time together going on walks to the forest (picking mushrooms during the fall months) or on trips to the country side. Summer was a time when we would go on vacation to the seaside or to a lake. Overall, I was very blessed with having a close family, and have been very happy.

What religion did you belong to as a child? __Catholic

When I Was A Child:

My favorite thing to do was: Draw, play with my cousins.

At home I was expected to: ___ Always be on time, and do my chores

My parents were strict about: __ Getting good grades in school

My parents taught me to value: ___ Money and time

What I loved most about my father was: __His sense of humor

What I loved most about my mother was: __Her supportiveness

My favorite relatives were: __My brother

I loved to visit: __The Bahamas

In comparison to others I was: __Very mature and responsible

Your Teenage Years:

Describe yourself as a teenager: I was very mature and intelligent for my age, and I often had a hard time relating with other teenagers. I always knew that reaching my goals was important to me, and I was determined to follow my heart no matter what. I was also very athletic and competitive in sports (particularly short distance running)

Describe your achievements: I won the first place in a one mile race while in Junior High School. I was also president of my High School for 2 years and the commencement speaker of my graduating class. As well as have won awards for my artwork which was published in a newspaper. Additionally I was a gold medal champion for basketball and running.

Did you do poorly at anything? I could never play an instrument or sing.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I was always a good student and had many friends in school, but there were times in which the girls in school were jealous and caused problems for me.

What do you hope to achieve by volunteering in an egg donor program? My goal is to help a loving people fulfill their dreams of building a beautiful family, find happiness and become pregnant with the child they have always wanted.

What message would you like passed on to the recipient of your eggs/their offspring? Thank you for choosing me as your egg donor and allowing to assist you in such an amazing way, your generous compensation will allow me to pay for my college education.

What helped you decide to become an egg donor? My friend Rebecca has been helping couples for a while now. She has been very good influence on me, and what she does is very important. After watching her complete her egg donor cycle in NYC, I realize that I would love to start helping couples and become part of something substantial and life changing, I also believe this positive experience is something God is calling me to do.

Do you consider yourself a reliable person? Yes, I have always been very reliable.

Do you consider yourself a punctual person? Yes, very much.

Would you describe yourself as a religious or spiritual person? I do believe in God, and I practice my religion.

Do you have any ethical, moral or religious reservations about being an egg donor? No, actually I think that providing such a beautiful gift will promote more spiritual growth.

What are your personal goals? Have you achieved any of these goals? My biggest goal is to finish college and I plan to do so in the next 2 years. I believe achieving an education is the most important thing I could ever do because without an education, I will not be able to live up to my greatest potential. I also strive to grow as a woman and become a better person, not only to my loved ones, but also to myself.

What do you see yourself doing in the next 5-10 years? I see myself starting my own family, having a loving husband and two kids. I would love to have a successful career as an interior designer, but I wouldn't mind staying at home with my kids in order to provide them with best mother that I can possibly be.

What would you like your recipient couple to know about you that has not already been asked? (This is what my best friend has to say about me:) I have known Karolina for two years now, as we have met at the Miss Polonia Pageant in California. She has great taste in fashion since we instantly became friends over wearing the exact same evening gown. It also turns out that during this pageant, Karolina was the most well liked by all the girls earning her the award for Miss Congeniality and ultimately the top crown of Queen Polonia of California. Over these past two years as friends, she has demonstrated extreme warmth, generosity, reliability, courage and heart. Not only does she posses grace, motivation, morality and a witty sense of humor, but she also has a pure light that radiates and illuminates from her; she is the type of person that is so captivating and warm that people are instantly drawn to her.

What is your favorite color? Red (but I also like black as an accent color or in an evening gown)

Favorite type of food? Asian cuisine, particularly sushi.

Favorite movie? Beautiful Mind, American Beauty, Da Vinci Code

Favorite type of music? Pop

Favorite Book? THE AGONY AND THE ECSTASY by Irving Stone

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? ____No__ Please elaborate: I would prefer to donate anonymously and believe that it would be in the child's and family's best interest to raise the child with out interference from the egg donor.

Would you be interested in possibly meeting the prospective parents? Yes.

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

I believe that the parents will be in the best position to decide what measures need to be taken in a particular circumstance. I will support their decision if they decided to undergo a selective reduction.

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?

No, I am not comfortable with embryo donation and will not sign a consent form.

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 comfortable with the embryos being discarded; however I am not comfortable with them being donated for scientific research. I would be willing to sign a destruction consent form.

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 do not feel comfortable and I prefer to be informed of any and every outcome of the egg donor cycle.

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

I am okay with these situations.

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

Not at this time ☺

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

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							MGF-Improper blood transfusion
RESPIRATORY (LUNGS)							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer					X		MGM-Smoking
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		X					

F. cancer of cervix, ovaries or uterus							
NEUROLOGICAL	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							
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							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
OTHER							
A. alcoholism							
B. drug abuse, misuse or addiction							
C. breast cancer							
D. any other cancer not mentioned above							
E. any other condition not mentioned above							

RISK FACTORS**Yes****No****Comment**

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

No

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

No

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

No

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

No

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

No

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

No

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

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?

No

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

No

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

No

In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?

No

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceeding 12 months?	No
--	-----------

Have you ever been diagnosed with hepatitis?	No
--	-----------

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

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

Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis?	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?	No	if so, who?
---	-----------	--------------------

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

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

Have you ever received a blood transfusion?	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?	No
--	-----------

(Cont'd)

Were you a member of the US military,	No	I was born in Poland but moved to US with my mom right after I was born, and did visit Poland almost every summer. All together I didn't spent more than 12 months, as I was leaving in US 90% of the time.
---------------------------------------	-----------	---

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?

From 1980 to present, have you spent time	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?	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?	No
--	-----------

Have you ever had sexual contact with anyone who was born Or lived in any Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?	No
--	-----------

Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	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?	No	if so, who?
---	-----------	--------------------

Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	No
--	-----------

Have you ever received a human organ, tissue transplant or human extract?	No
--	-----------

(Cont'd)

Have you ever been excluded as a blood donor?	No	if so, why?
---	-----------	--------------------

Have you been diagnosed or suspected to have Chagas' disease?	No
---	-----------

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?	No
--	-----------

Have you received a bite from an animal suspected for rabies within the last six months?	No
--	-----------

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: _____