

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

Donor Number: 0277 (For Agency Use Only)

Today's Date: ____9-3-09____

Date of Birth: 2-23-82_____

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: cigna

Address: _____ City: denver State: co 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? 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? asap

Who may we contact in case of an emergency? _____

Relationship mom Ph: _____

Who may we contact in case your demographics change? same as above Ph: same as above

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: _____cigna U3109301-01_____

Are you willing to travel for an egg donation? **Yes** No Possibly if: _____

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

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

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: 28 Height: 5'-7" Weight: 127 **Measurements:** Bust 34 Hips 38 Waist 28.5

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

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

Mother's Side: norweigan

Father's Side: irish

Blood Type: O (**+** or -) Place of Birth: Walnut Creek CA

What celebrity do people most commonly say you look like? Reese Witherspoon

***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	to	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 _____	
	*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	to	med-light	medium	med-dark	dark olive
	*Tan Ability	none		slight	medium	easy	
	*Condition	normal		dry	oily	medium	combination
	*Acne	none	to	slight	medium	severe	at what age _____
Other Facial Features:	*Moles	none	one	several	several	numerous	
	*Freckles	none	several	moderate	moderate	numerous	
	*Dimples	none	slight	medium	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 _15_____ to _17_____ years of age						

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? __4-5 days_____ How long do they last? 4-5 days_

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

Method of birth control? ___condoms_____ 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)? no If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? 5000 (1st time donors \$5,000)

What is the least amount you would consider? 4800

Will you require missed wages from work? if I miss work, possibly

If yes, what is your hourly wage? 18.25 How many hours per week do you work? 40+

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:

- no
-

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 _____

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_____

Do you have any allergies to drugs or environmental exposures? __yes__ Pls. explain: _amox & penicillin_____

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** No

If yes, for how long? _3 months_____

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

Have you or your partner ever had a sexually transmitted disease (trichomonias, chlamydia, syphilis, condyloma, gonorrhea, herpes)? Yes **No**

If yes, when and what was your treatment regimen?

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 _____

Please list all prescription or over the counter medications including dosage you are currently taking: __one a day multi vitamin, b-12, and flaxseed oil

***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: _____)
Currently in College pursuing a degree in: _____
Completed College with degree in: BA/ Interior design
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: apprenticeship in plumbing/ piping

Test Scores: SAT's: 563/547_(1110) ACT's: 25 College GPA: 3.4

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Westwood College</u>	<u>2004-07</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? art/ science You're least favorite? english

Dean's List or Honor Roll? deans list

As an adult I am most proud of: all of my accomplishments!!

Currently I have a career in: computer aided drafting/ interior design/ mechanical engineer

I have been in this profession for 2 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: working out, bicycling, rollerblading, dirt biking, hiking, fishing, anything outdoors.

Have you excelled in any physical activities? I excel at most things I try.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: very healthy

Other skills or talents? very artistic, great problem solver, and I love challenges.

Do you show artistic or musical ability? yes If yes please explain: i played saxophone for 5 years and piano as a kid. I also took many art classes and I have a BA in Interior design.

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	blond	blue	5'-2" 130	white	51		
Father	blond	blue	5'-9" 160	white		28	Car accident
Brother: 1.	blond	blue	5'-9" 130	white	19		
2.							
3.							
4.							
Sister: 1.	blond	blue	145 5'-5"	white	20		
2.							
3.							
4.							
Maternal Grandmother	blond	blue	5'-6" 130	white		58	Complications from reviving after drowning
Maternal Grandfather	blond	blue	5'-8" 160	white		92	Colon cancer
Paternal Grandmother	brown	brown	5'-1" 120	olive	unknown		
Paternal Grandfather	brown	brown	5'-8" 180	olive		49	Car accident with son
Children: (If Any) 1.	n/a						
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? no 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:

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? easy going, fun to be around, adventurous, fun loving, curious, smart and kind. I am a great people person.

What is your philosophy of life? to learn, love and see all that I can.

What qualities and characteristics would you hope the recipient parents possess? the same

How does it make you feel at the possibility of their offspring knowing about the donation? ok

How would you describe your childhood? I had an awesome childhood. I was loved, and out going. We took many family trips and outings and did many things together as a family.

What is the earliest memory you hold as a child? Singing in the car when I was about 3 or 4.

What was it like growing up in your family? _Very family oriented. We ate dinner together and did family nights. We had chores and homework time like everyone else. We took family trips and spent a lot of time together. It was great!_____

What religion did you belong to as a child? ___mormon_____

When I Was A Child:

My favorite thing to do was: __anything outside_____

At home I was expected to: __do chores, homework, clean up after myself, and be home for dinner._____

My parents were strict about: _chores, homework, and when I needed to be home._____

My parents taught me to value: _life, choices, dreams, beliefs and morals._____

What I loved most about my father was: _n/a_____

What I loved most about my mother was: _how much she believes in me._____

My favorite relatives were: _my grandparents_____

I loved to visit: __the beach._____

In comparison to others I was: _very outgoing._____

Your Teenage Years:

Describe yourself as a teenager: _I was very active in a lot of band activities, tae kwon do, girl scouts, and I did volunteer work while working 2 jobs.

Describe your achievements: _I bought my first car, go up to a blue belt in tae kwon do, graduated high school and college, and I am truly happy with my career and life._____

Did you do poorly at anything? _making time for friends and social gatherings, but I am working on doing more of that now._____

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? _giving others the joy and love they seek in having a child.

What message would you like passed on to the recipient of your eggs/their offspring? __give lots of love and attention!



What helped you decide to become an egg donor? _the thought of helping others achieve what they were unable to do on their own._____

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? _yes_____

Do you have any ethical, moral or religious reservations about being an egg donor? no I would help anyone with anything I could._____

What are your personal goals? Have you achieved any of these goals? I achieved a BA Degree. I would like to own my own Interior Design business which is in progress. To be happy in life- everyday I am happy with where I am.

What do you see yourself doing in the next 5-10 years? __Becoming more successful and achieving my dreams of independence and travel._____

What would you like your recipient couple to know about you that has not already been asked? _i am a very happy and loving person._____

What is your favorite color? __blue_____

Favorite type of food? ____chicken salads_____

Favorite movie? ____i have many I am a big movie buff!_____

Favorite type of music? __many! Rock, classic rock, country, 80's rock etc._____

Favorite Book? __the reflection of a watermelon pickle._____

Would you be willing to donate to gay or single prospective parents? yes_____ Please specify: ____as long as it brings joy to someones life._____

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

Would you be interested in possibly meeting the prospective parents?

_____maybe_____

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

_____not sure_____

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 or destruction of such remaining embryos?

_____yes_____

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?

_____ok_____

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

_____ok_____

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							
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
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					x		Grandma showing signs but not diagnosed
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						Mild to none
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					x		Colon cancer
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?	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 preceeding 12 months?	Yes	No
--	-----	----

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

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

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

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

Have you or any of your blood relatives been diagnosed and/or have a history of transmissible spongiform encephalopathy such as Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease?	Yes	No	if so, who?
---	-----	----	-------------

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

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

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

Have you visited or lived in the United Kingdom for Three months or more between 1980-1996 Including England, Scotland, Wales, Ireland, Isle of Man, Channel Islands, Gibraltar or Falkland Islands?	Yes	No
--	-----	----

(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 any 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)

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

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

Have you received a bite from an animal suspected for rabies within the last six months?	Yes	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: _____9-3-09_____

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: _____9-3-09_____

Witness to Signatures above: _____

Date: _____