

P.O. Box 1646
Castle Rock, Colorado 80104
720-733-0184

Donor Number: # **0206** (For Agency Use Only)

Today's Date: 12/16/2010

Name: Alyssa

Date of Birth: 09/16/1980

Social Security #:

Insurance Co: Tri-Care Prime (Military)

Address:

City:

State: NV

Zip:

Home Phone:

Work Phone:

Cell Phone:

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

E-mail Address:

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(yes)** Single **with** relationship Single **without** relationship

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? Yes. If yes, please elaborate: Shoplifting when I was 18 years old-not serious though.

PHYSICAL CHARACTERISTICS

Age: 30

Height: 4'11

Weight at 21: 105 lbs

Current Weight: 110lbs

Eye Color: Green Natural Hair Color: Light – Medium Brown Build: (Pls. Circle) Small Med Large (between small and medium)

Blood Type: O+

Hair: (Circle all that apply) Straight (Yes) Curly Wavy (Yes) Thick (Yes) Thin Coarse

Skin Color: (Circle all that apply) Fair (Yes) Med Dark Olive Do you tan easily? Tan good in tanning salons but laying out I burn then tan depending on the area. Burn? _____

Race: I would have to say I'm Swedish, Dutch, Irish, German, and little Indian. (Caucasian, African American, Asian, Hispanic, etc...)

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

DETAILED CHARACTERISTICS (Circle all that apply)

Hands: Small (Yes) Medium Large Right handed (Yes) Left handed Ambidextrous

Eyes Set: Narrow Average (Yes) Wide/ Do you wear corrective lenses? No

Nose: Small Med (Yes) Large/ Narrow Average Wide/ Short (Yes) Average Long

Mouth: Small (Yes) Average Large/ **Lips:** Thin Average (Yes) Full

Chin Shape: Round (Yes) Oval Square/ **Cleft:** None (Yes) Slight Average Prominent

Skin: Normal (Yes) Oily Dry Combination **Acne:** None Slight (Yes) Average Severe **AGE: 24**

Dental: Do you wear braces? No Have you ever worn braces? Yes Reason? To fix over lapping on my top.

Other Distinguishing Marks: Dimples (Yes) Freckles Moles Birthmarks Scars (Yes)

REPRODUCTIVE HISTORY

Age at first period? 13_____ Are your cycle's regular? When I'm off birth control.

How long are your cycles from day one to the next day one? 28 days How long do they last? 4-7 days

Do you experience cramps? Mild Average (Yes) Severe

Method of birth control? Depo If none, in the past? _____

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

Have you ever been treated for infertility? No

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

List of pregnancies and outcomes below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.01/2004	Boy, vaginal				
2.					
3.					
4.					

Any complications? No

MEDICAL HISTORY

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

1. year of 1981 had Heart surgery due to a murmur – but healthy now.

Have you ever had a blood transfusion? No If yes, please list date and reason: _____

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

Have you ever had major radiation or x-ray exposure? No If yes, please explain: _____

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

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? _1-2

Do you have any allergies to drugs or environmental exposures? No Pls. explain: _____

Describe any childhood allergies that you have outgrown: _____

Do you have any medical illnesses (diabetes, asthma, etc...)? No If yes, pls. explain: _____

Please list all prescription or over the counter medications you are currently taking: Depo (for birth control)

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?

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

What is the least amount you would consider? \$4500

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

Are you currently sexually active? Yes If yes, is it a monogamous relationship? Married (Husband)

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. I've had abnormal pap smears before due to I had desplasia. But they froze my cervix and everything is fine now.

EDUCATION

Highest Level of Education Completed: Grade School _____

Jr. High School _____

Sr. High School (GPA: _____)

Currently in College pursuing a degree in: I've had college training in medical and business communications. Not in school at the present time but planning on going back to further my degree in business communications.

Completed College with degree in: _____

Currently pursuing advanced degree in: _____

Completed advance degree in: _____

Vocational/Trade School: _____

Test Scores: SAT's: 1460

ACT's: _____

College GPA: 3.8 _____

Dean's List or Honor Roll? Honor roll up to the 10th grade.

As an adult I am most proud of: being in a wonderful marriage and having my son.

Currently I have a career in: Currently I am working at a payday loan company called check mate.

Languages I speak other than English: I basically just know English but took 2 yrs of Spanish in high school and had a Spanish roommate in college so know a little Spanish but not fluent.

I consider myself: Athletic Active (Yes) Average Inactive

Physical activities include: going for walks, exercising at the gym, and playing volleyball.

Other skills or talents? Very outgoing, love business skills, love helping others, and very socialable.

Do you show artistic or musical ability? I like to sing(been in a few choirs) also like doing theater. If yes please explain:

FAMILY HEALTH HISTORY

	Eye Color	Hair Color	Height Weight	Complexion	Age If Living	Age at Death	Cause of Death
Mother	Green	Lt brown	5'3 140	Fair	53		
Father	Brown	Dark Brown	5'9 200	Tan	53		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.	Green	Lt brown	5'0 100	Tan	30		
2.	Blue	Dark Brown	5'1 125	Fair	21		
3.							
4.							
Maternal Grandmother	Green	Reddish Brown	4'11 120	Fair	78		
Maternal Grandfather	Green	Brown	6'2 220	Tan		71	Died of emphasima and heart attack
Paternal Grandmother	Blue	Brown	5'9 100	tan	78		
Paternal Grandfather	Brown	Brown	6'1 180	Tan		60	Died of heart attack
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? No If yes, how many sets? _____

Are there any known genetic diseases that run in your family? No If yes, please explain: _____

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

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

Have you ever been tested for: NO

Cystic Fibrosis (Caucasian) _____

Sickle Cell (African American) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

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

How would you describe your personality and temperament? My personality is sociable, fun hearted, and friendly. Temperament pretty calm it takes allot to get me angry but when I do I usually just shut everyone out for awhile then I'll try to talk about the problem.

What is your philosophy of life? To live life to the fullest and don't ever think you can't do something because if there's a will there's a way.

Why did you decide to become an egg donor? I decided to donate my eggs due to there are so many people out there that can't have children and that they would be wonderful parents that I would like to give such a gift to help create life in a wonderful family with full of love.

Explain how you believe egg donation works: you get evaluated then the client picks the doner then u get hormones to produce eggs then u go under surgery to give your eggs.

What qualities and characteristics would you hope the recipient parents possess? Someone who is loving, fiancially stable to raise a child, someone who has the mind and ability to raise a child, and just someone who has a warm heart and loves children.

How does it make you feel at the possibility of their offspring knowing about the donation? I am perfectly fine with the offspring knowing about the donations. I would like to be as open with the parents as much as possible.

How would you describe your childhood? My childhood was good. I had a stay at home mom that was envolved with school and I got to do almost everything that I wanted to do.

What is the earliest memory you hold as a child? I would have to say probably sitting on my moms or dads lap while they drove the pick up truck and pretending that I was driving.

How would you describe your teenage years? They were rough due to my parents fought allot and they were going through a divorce. Also I had a good friend of mine die and a few family members pass away at the time also. But over all they were good years and I managed to not let that stuff bug me with my social and school life.

Give an example of a problem you encountered as a teenager and how you handled it: I would have to say my parents separation. I ended up going and living with my grandparents for 2 yrs.

What was your favorite subject in school? You're least favorite? My favorite subject in school was history and science. My least favorite was math.

Would you describe yourself as a religious or spiritual person? I would have to say both since I go to a Christian-gospel church but since I've started my job I've been less fortunate to get to go but I still practice the walk of faith with Christ.

What are your personal goals? Have you achieved any of these goals? I would have to say my personal goals would be have a great husband and have a wonderful family. Also to be able to finish school. I have achieved the perfect marriage and family but I still need to finish school.

What personal achievements are you most proud of? Being able to pull through the heartache of friends and family deaths and to be able to deal with my family separation.

What is your favorite color? Blue and purple

Favorite type of food? Italian and Mexican

Favorite movie? Don't have one, but love drama sappy ones. But I love acting so as long as it has good acting in it the movie is great.

Favorite type of music? Country and R&B but I do listen to everything

Favorite Book? Don't have one

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

Would you be willing to meet a child conceived as the result of your donation? Please elaborate: If the parents and the child want me to meet them I will be honored to and depending on what the parents want the child to know I would explain to them why I donated.

Is there a message you would like to leave for your prospective parents? I hope you will pick me due to I am fun spirited and loving and all I would like to do is try to help another couple be able to share the wonderful joy of child raising.

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.

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							
B. heart attack					Yes 60+		
C. heart disease							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure			Yes				
BLOOD							
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Dificiency							
F. other blood disorder							
RESPIRATORY (LUNGS)							
A. hayfever			Yes				
B. asthma							
C. emphysema					Yes 70+		
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					Yes		
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				yes			

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines						yes	
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		Yes	Yes	Yes		Yes	
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
OTHER							
A. alcoholism			yes				
B. drug abuse, misuse or addiction							
C. breast cancer						yes	
D. any other cancer not mentioned above							
E. any other condition not mentioned above							