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720-733-0184
Toll Free 1-877-745-3447
info@donatedeggs.com

Donor Number: 0263 (For Agency Use Only)

Today's Date: 5/11/09

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

Name: _____

Date of Birth: July 4, 1981

Social Security #: _____ Insurance Co: _____

Address: _____ City: Lake Charles State: La 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? Yes 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? asap

Who may we contact in case of an emergency?

Who may we contact in case your demographics change? Same as above 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? No Are you willing to travel for an egg donation? Possibly, I am not sure about air plane travel though because I have 3 small kids.

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: 5ft 8 Weight: 149 Measurements: Bust: 36 Hips _____ Waist _____

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

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

Mother's Side: Finnish

Father's Side: French

Blood Type: A+ ?? (+ or -)

Place of Birth: Lake Charles La

What celebrity do people most commonly say you look like? Jennie Garth, played Kelly on Beverly Hills 90210

Please circle appropriate response:

Body Type/Bone Structure: small medium large

Hands: right-handed left-handed ambidextrous

Eyes:	*Color	brown	hazel	<u>green</u>	blue
	*Set	narrow	<u>average</u>	wide	
	*Size	small	<u>average</u>	large	
	*Shape	round	oval	<u>almond</u>	
	*Shade	light	<u>medium</u>	dark	

Hair:	*Natural Color	<u>blond</u>	brown	black	red	other _____
	*Color as child	<u>blond</u>	brown	black	red	
	*Shade	light	<u>medium</u>	dark		
	*Type	<u>straight</u>	wavy	curly		
	*Fullness	thin	<u>medium</u>	thick		
	*Texture	<u>fine</u>	medium	course		

Nose:	*Size	small	<u>medium</u>	large
	*Width	narrow	<u>average</u>	wide
	*length	short	<u>average</u>	wide
	*Nostril Flare	small	<u>average</u>	wide

Cheekbones:	*Set	low	<u>average</u>	high
	*Prominence	slight	<u>medium</u>	strong

Mouth:	*Size	small	<u>average</u>	large
	*Lips	thin	<u>average</u>	full

Chin:	*Shape	square	<u>oval</u>	round
	*Prominence	<u>slight</u>	average	strong
	*Cleft	<u>none</u>	slight	medium

Skin:	*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 :

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	27	

Dental:	*Device	none	braces	retainer	other	I had teeth pulled to
straighten mine out						
	*Reason	cosmetic	accident	disease	other	_____
	*Age during use _____ to _____ years of age					

Other:	*List _____
	*Reason/Cause _____

REPRODUCTIVE HISTORY

Age at first period? 12 Are your cycle's regular? yes

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

Do you experience cramps? None Mild Average Severe

Method of birth control? Tubal ligation If none, in the past? For about 8 years before my tubal

Have you ever been pregnant? Yes If yes, did you have trouble conceiving? Not at all

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
1999	Vaginal				
2001	vaginal				
2004	vaginal				
4.					

Any complications? _____

MEDICAL HISTORY

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

1. Tubal ligation October 2004

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? Never Packs per day? _____ # of years _____ # of years quit _____

Do you now or have you ever taken recreational drugs? Never If so, What? _____

Do you drink alcohol? I have but do not right now If yes, how many drinks per: day? _____ week? _____
month? _____

Do you have any allergies to drugs or environmental exposures? None 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 including dosage you are currently taking:

***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? Not sure

Will you require missed wages from work? No

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

Will you require childcare reimbursement? Yes If yes, what is the hourly rate? 20 X 3 kids

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

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? Yes 11 years
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: I have had pap smear come back suspicious but they all came back okay after further testing, I had a bacterial infection.

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
- ☐ None of the Above

EDUCATION

Highest Level of Education Completed: Grade School: Graduated
Jr. High School Graduated
Sr. High School **GPA: 3.8**
Currently in College pursuing a degree in: Nursing
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: 21 College GPA: 3.2

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>McNeese State University</u>	<u>2007-2009</u>
2. _____	_____
3. _____	_____

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

Dean's List or Honor Roll? Yes

As an adult I am most proud of: My accomplishments as a mother and in education

Currently I have a career in: I am a student and stay at home mother

I have been in this profession for 10 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: Walking, attending my childrens sports activities as well as helping coach them

Have you excelled in any physical activities? Softball

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Pretty good, some snacks

Other skills or talents? I write poetry

Do you show artistic or musical ability? I did well in art not music If yes please explain: I took art classes and played the clarinet in middle school

***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	Dark Blonde	blue	5'6" 150	light	52		
Father	Dark Blonde	green	5'9" 150	medium	50		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Dark Brown	green	5'8" 115	medium		62	Annyeurism, not in brain
Maternal Grandfather	Dark Brown	blue	5'11" 180	medium		50	Heart attack
Paternal Grandmother	Dark Brown	brown	5'4" 110	medium	69		
Paternal Grandfather	Dark Brown	brown	5'9" 150	dark	72		
Children: (If Any) 1.	Blonde	brown		light	10		
2.	Blonde	brown		light	8		
3.	blonde	brown		light	4		
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) Unsure
Sickle Cell (African American) Unsure
Thalassemia (Greek/Italian) Unsure
Tay-Sach's (Jewish) Unsure

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

How would you describe your personality and temperament? I am a very happy fun person. I love to laugh and make others laugh.

What is your philosophy of life? If you really want something go for it, do not ever give up!

What qualities and characteristics would you hope the recipient parents possess? Loving, patient, and gracious

How does it make you feel at the possibility of their offspring knowing about the donation? I would be happy to know that it worked and the couple had a child.

How would you describe your childhood? A little tough because my mom worked a lot but she was a really good mom.

What is the earliest memory you hold as a child? Playing outside with my cousins.

What was it like growing up in your family? I was a happy child but like I said it was tough because my mom worked so much.

What religion did you belong to as a child? Baptist

When I Was A Child:

My favorite thing to do was: Play outside, go skating, and swimming.

At home I was expected to: do my homework and keep my room clean

My parents were strict about: My room

My parents taught me to value: life and love animals

What I loved most about my father was: Well he was gone for most of most childhood but I am close with him now.

What I loved most about my mother was: Her ability to give without ever wanting something in return.

My favorite relatives were: My Grandparents

I loved to visit: My Grandparents

In comparison to others I was: Silly

Your Teenage Years:

Describe yourself as a teenager: I was still silly, I loved playing softball and going to the school games.

Describe your achievements: I have three wonderful kids and I am going to school to be a nurse which is my dream.

Did you do poorly at anything? Math was a struggle for me, but in college I had a great teacher and I did very well.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Not anything abnormal.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I just want someone to be able to enjoy having a child because it truly is a miracle and the fact that I can do that would make me feel really great.

What message would you like passed on to the recipient of your eggs/their offspring?

I hope everything works out the way you want it to and enjoy your life with your new baby!

What helped you decide to become an egg donor? Honestly I considered it a few years ago but I did not have the means to do so, but now I know that I better do it while I am still in the right age bracket. I really just want to help someone have a baby.

Do you consider yourself a reliable person? Yes, my life is a little hectic during school but I try to do things they way they are supposed to be done and on time.

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? I attend church but not regularly

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

I know a lot of people who do not agree with it but I think that if God gave us the knowledge to be able to do this then we should help others in need.

What are your personal goals? Have you achieved any of these goals? To graduate college and become a labor and delivery nurse. It has not come true yet but its not that far away.

What do you see yourself doing in the next 5-10 years? I am hoping to be a Labor and Delivery Nurse.

What would you like your recipient couple to know about you that has not already been asked? I am really a happy person. I cherish my family and I love animals.

What is your favorite color? Green

Favorite type of food? Chicken

Favorite movie? Any funny movies

Favorite type of music? I like all music

Favorite Book? None right now

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

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? Yes

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

I can't answer that question without knowing more about the situation.

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 would definitely consider it. I would like to store some myself since I had a tubal ligation I cannot reverse it, but would like to have more children later.

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?

I am unsure about that.

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 think that is their choice.

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

That is okay with me.

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

So many people take for granted the gift that they are given which is a child. I would love to be the reason that someone got to have that gift. I wish all the best to the family that chooses me and hope that all of their hopes and dreams about having a family come true.

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: 5/11/09

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: 5/11/09

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					X		MGF-Etiology Unknown
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							
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					X		MGM-Annyreuism