

An Eggceptional Match, LLC

www.donatedeggs.com

DONOR OOCYTE PERSONAL HISTORY FORM

(Incomplete applications will not be accepted)

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

Donor Number: # 0287 (For Agency Use Only)

Today's Date: 11/16/2010

Date of Birth: 05/31/1990

How did you hear of An Eggceptional Match? (If website, pls. specify): <http://www.yahoo.com>

Full Legal Name and any aliases:

Social Security #: _____ Insurance Co: None

Address: _____ City: Colorado Springs State: CO Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a voicemail message at: **(Pls. Circle)**: On cell phone, yes.

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? _____ 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? Now

Who may we contact in case of an emergency?

Relationship Roommate Ph:

Who may we contact in case your demographics change? Same

Are you (Pls. Circle): Single without relationship

Are you a U.S. Citizen? Yes

Do you have medical insurance? No

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

Are you willing to travel for an egg donation? Yes

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

Have you ever filed bankruptcy? No

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: 21 Height: 5'2" Weight: 130 lbs. Measurements: Bust: Hips: Waist:

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

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

Mother's Side: Irish

Father's Side: Dutch

Blood Type: + Place of Birth: Colorado Springs

What celebrity do people most commonly say you look like? None

***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 *Set *Size *Shape *Shade	Honey brown average average almond light
Hair:	*Natural Color *Color as child *Shade *Fullness *Texture	brown with blonde and red high lights chestnut brown light *Type wavy medium medium
Nose:	*Size *Width *length *Nostril Flare	small average average small
Cheekbones:	*Set *Prominence	average medium
Mouth:	*Size *Lips	small average
Chin:	*Shape *Prominence *Cleft	round average none
Skin:	*Tone *Tan Ability *Condition *Acne	med-light medium normal normal at what age13
Other Facial Features:	*Moles *Freckles *Dimples	none moderate none
Eyesight:	*Vision *Glasses *Astigmatism	normal none no
Dental:	*Device *Reason *Age during use	braces cosmetic 13 to 15 years of age

REPRODUCTIVE HISTORY

Age at first period? 13 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 13 hours How long do they last? 7 days

Do you experience cramps? mild

Method of birth control? None If none, in the past? Shot and birth control pills

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

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.	Vaginal	None	None	None	None
2.					
3.					
4.					
5.					
6.					

Any complications? None

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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? \$5,000 (1st time donors \$5,000)

What is the least amount you would consider? \$4,000

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? _____ 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. _____

2. _____

Have you had a blood transfusion in the last 12 months? _____

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? _____ 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? 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: _____

Do you have frequent nose bleeds, bleeding gums while brushing your teeth and or clots with menstrual periods?

None

Have you been sexually active in the past 6 months? No

Are you currently sexually active? No If yes, is it a monogamous relationship? Yes No

If yes, for how long? _____

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

Have you or your partner ever had a sexually transmitted disease (trichomonias, chlamydia, syphilis, condyloma, gonorrhea, herpes)? 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? No If yes, please explain treatment _____

Please list all prescription or over the counter medications including dosage you are currently taking: None

***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 12th

Jr. High School _____

Sr. High School (GPA: 3.4)

Currently in College pursuing a degree in: _____

Completed College with degree in: _____

Currently pursuing advanced degree in: _____

Completed advance degree in: _____

Vocational/Trade School: _____

Test Scores: SAT's: _____

ACT's: 20

College GPA: _____

Please list names and year of all colleges attended:

College

Year

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

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

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: My accomplishments so far.

Currently I have a career in: _____

I have been in this profession for _____ days/mos/years

*I have flexibility in my current profession: Yes No

Languages: Speak: English

Read: English

Write: English

I consider myself: Active, but Average.

Physical activities include: Exercising, Walking, Camping, Hiking, Dirt biking, Etc.

Have you excelled in any physical activities? Cheerleading

Manual Dexterity: Average

I would describe my diet as: Normal

Other skills or talents? Writing

Do you show artistic or musical ability? No If yes please explain: _____

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Red	Blue	5'3" 140	Light	37		
Father	Dirty blonde	Brown	5'8" 160	Medium	37		
Brother: 1.	Black	Brown	5'6" 115	Medium	17		
2.	Reddish Blonde	Blue	5'4" 110	Light	14		
Sister: 1.	Reddish Black	Brown	5'3" 105	Medium	16		
Maternal Grandmother	Red	Blue	5'5" 120	Medium	60		
Maternal Grandfather	Brown	Brown	6'0" 160	Medium	64		
Paternal Grandmother	Brown	Brown	5'6" 130	Medium	59		
Paternal Grandfather	Blonde	Brown	6'0" 165	Medium	63		
Children: (If Any) 1.	Brown	Blue		Medium	11 months		

Are you adopted? Yes, by grandparents. If yes, do you have access to your biological health history? Yes

Twins or multiple births in the family? Yes If yes, how many sets? 3 sets

Are there any known genetic diseases that run in your family? None 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) Yes

Sickle Cell (African American) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

If yes to any of the above, were you determined a carrier? No

How would you describe your personality and temperament? Easy-going, Calm, Positive, Happy, Honest

What is your philosophy of life? God does everything for a reason and my position in life is to try to help as many people as I can be happy and to have a happy life myself.

What qualities and characteristics would you hope the recipient parents possess? Positive, Happy, Honest, Calm

How does it make you feel at the possibility of their offspring knowing about the donation? That's fine.

How would you describe your childhood? Different. I live with my mom until I was about 5, and then my dad for a few years and he was military so I had a structured Childhood, and then my grandparents adopted me and they are wonderful.

What is the earliest memory you hold as a child? When my grandma started to teach me how to cook when I was 5.

What was it like growing up in your family? Interesting, Fun, Adventurous, Happy

What religion did you belong to as a child? Christianity

When I Was A Child:

My favorite thing to do was: Read

At home I was expected to: Help out and be a kid.

My parents were strict about: Doing my chores.

My parents taught me to value: Life, Family, and Friends.

What I loved most about my father was: He always got me cool stuff and took me to work with him.

What I loved most about my mother was: She always played dress up with me.

My favorite relatives were: My grandparents

I loved to visit: Family in Nebraska.

In comparison to others I was: a calm, fun, happy, and good behaving kid.

Your Teenage Years:

Describe yourself as a teenager: I was happy and had tons of fun. Always did fun activities like Cheerleading, FBLA, and more. I had lots of friends. Still loved to read.

Describe your achievements: FBLA, Cheer Squad, Honor Roll, Prom Committee, Etc.

Did you do poorly at anything? Science

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? To give a couple their dream of having children.

What message would you like passed on to the recipient of your eggs/their offspring? Nothing would make my life more joyful than helping you have children. I will do anything in my power to help you have the best child possible and I just want to make your life happy.

What helped you decide to become an egg donor? I did an open adoption with my daughter and to see the joy on the couple's face that I am now very close with made me so happy. So I'd like to help more people have that joy in anyway I can.

Do you consider yourself a reliable person? Yes I do.

Do you consider yourself a punctual person? Yes

Would you describe yourself as a religious or spiritual person? Yes I am a Christian, but I accept anybody and their beliefs.

Do you have any ethical, moral or religious reservations about being an egg donor? No

What are your personal goals? Have you achieved any of these goals? To go to College, which I will hopefully be doing soon.

What do you see yourself doing in the next 5-10 years? Going to College, Getting married, Having my own Family, and Making people happy.

What would you like your recipient couple to know about you that has not already been asked? I am a very committed person and do anything out of my power to make something happen.

What is your favorite color? Lots!

Favorite type of food? Home Cooking

Favorite movie? Movies... P.S. I Love You, The Notebook, Pearl Harbor, The Family Stone, Etc.

Favorite type of music? Everything

Favorite Book? Too many to choose from!

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

Would you be willing to meet a child conceived as the result of your donation? Maybe Please elaborate: I'm not sure.

Would you be interested in possibly meeting the prospective parents? If they would like to.

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? It's up to them.

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

That is up to them.

Is there a message you would like to leave for your prospective parents? I would love to help you and will do anything that I can to help you achieve your dreams of having children. Thank you so much for considering me.

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	No	No	No	No	No	No	None
B. Heart attack	No	No	No	No	No	No	None
C. heart disease	No	No	No	No	No	No	None
1. from birth	No	No	No	No	No	No	None
2. lifestyle	No	No	No	No	No	No	None
D. hardening of the arteries	No	No	No	No	No	No	None
E. high blood pressure	No	No	No	No	No	No	None
BLOOD							
A. anemia	No	No	No	No	No	No	None
B. sickle-cell anemia	No	No	No	No	No	No	None
C. hemophilia or other bleeding problem	No	No	No	No	No	No	None
D. leukemia	No	No	No	No	No	No	None
E. Immune Deficiency	No	No	No	No	No	No	None
F. other blood disorder	No	No	No	No	No	No	None
RESPIRATORY (LUNGS)							
A. hay fever	No	No	No	No	No	No	None
B. asthma	No	Yes	No	No	No	No	None
C. emphysema	No	No	No	No	No	No	None
D. tuberculosis	No	No	No	No	No	No	None
E. lung cancer	No	No	No	No	No	No	None
F. pneumonia	No	No	No	No	No	No	None
G. other lung disease	No	No	No	No	No	No	None
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum	No	No	No	No	No	No	None
B. gall stones	No	No	No	No	No	No	None
C. hepatitis A	No	No	No	No	No	No	None
D. hepatitis B	No	No	No	No	No	No	None
E. cirrhosis	No	No	No	No	No	No	None
F. colon cancer	No	No	No	No	No	No	None
G. ulcerative colitis	No	No	No	No	No	No	None
H. Crohn's disease	No	No	No	No	No	No	None
I. cystic fibrosis	No	No	No	No	No	No	None
J. intestinal cancer	No	No	No	No	No	No	None
K. any other cancer/digestive prob.	No	No	No	No	No	No	None
METABOLIC/ENDOCRINE							
A. diabetes mellitus	No	No	No	No	No	No	None
B. hypoglycemia	No	No	No	No	No	No	None
C. thyroid cancer	No	No	No	No	No	No	None
D. thyroid disease	No	No	No	No	No	No	None
E. goiter	No	No	No	No	No	No	None
F. adrenal dysfunction or disorder	No	No	No	No	No	No	None
G. hyperactivity	No	No	No	No	No	No	None
URINARY							
A. kidney disease	No	No	No	No	No	No	None
B. other disease of urinary tract (urethra, bladder, ureter)	No	No	No	No	No	No	None
GENITAL/REPRODUCTIVE							
A. undescended testicle	No	No	No	No	No	No	None

B. hypospadias	No	No	No	No	No	No	None
C. prostate cancer	No	No	No	No	No	No	None
D. uterine fibroids	No	No	No	No	No	No	None
E. ovarian cysts	No	No	No	No	No	No	None
F. cancer of cervix, ovaries or uterus	No	No	No	No	No	No	None
NEUROLOGICAL	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. migraines	No	No	No	Yes	No	No	
B. mental retardation	No	No	No	No	No	No	None
C. senility before age 50	No	No	No	No	No	No	None
D. Multiple Sclerosis	No	No	No	No	No	No	None
E. Cerebral Palsy	No	No	No	No	No	No	None
F. epilepsy	No	No	No	No	No	No	None
G. hydrocephalus	No	No	No	No	No	No	None
H. disorder of the spinal cord	No	No	No	No	No	No	None
I. Huntington's chorea	No	No	No	No	No	No	None
J. Gaucher's disease	No	No	No	No	No	No	None
K. Wilson's disease	No	No	No	No	No	No	None
L. Creutzfeldt-Jacob disease	No	No	No	No	No	No	None
M. Alzheimer's disease	No	No	No	No	No	No	None
N. other diseases of the nervous system	No	No	No	No	No	No	None
MENTAL HEALTH							
A. schizophrenia	No	No	No	No	No	No	None
B. bipolar or manic depressive	No	No	No	No	No	No	None
C. depression	No	No	No	No	No	No	None
MUSCLE/BONE/JOINTS							
A. muscular dystrophy	No	No	No	No	No	No	None
B. other chronic muscle disease	No	No	No	No	No	No	None
C. lupus	No	No	No	No	No	No	None
D. deformity of the spine	No	No	No	No	No	No	None
E. osteoporosis	No	No	No	No	No	No	None
F. dwarfism	No	No	No	No	No	No	None
G. heredity low back disease	No	No	No	No	No	No	None
H. arthritis	No	No	No	No	No	No	None
I. gout	No	No	No	No	No	No	None
SIGHT/SOUND/SMELL							
A. deafness before age 60	No	No	No	No	No	No	None
B. deformity of the ear	No	No	No	No	No	No	None
C. cataracts before age 50	No	No	No	No	No	No	None
D. blindness	No	No	No	No	No	No	None
E. color blindness	No	No	No	No	No	No	None
F. glaucoma	No	No	No	No	No	No	None
G. deviated septum	No	No	No	No	No	No	None
H. any other sight/sound/smell disorders	No	No	No	No	No	No	None
SKIN							
A. acne	Yes	No	No	Yes	No	No	When teens.
B. eczema	No	No	No	No	No	No	None
C. skin cancer	No	No	No	No	No	No	None
D. pigmentation disorders	No	No	No	No	No	No	None
E. other disorders of the skin	No	No	No	No	No	No	None
OTHER							
A. alcoholism	No	No	No	No	No	No	None

B. drug abuse, misuse or addiction	No	No	No	No	No	No	None
C. breast cancer	No	No	No	No	No	No	None
D. any other cancer not mentioned above	No	No	No	No	No	No	None
E. any other condition not mentioned above	No	No	No	No	No	No	None

12/2007

RISK FACTORS

Yes No

Comment

Have you ever been sexually active weith 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 personKnown 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 preceding 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?

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?

From 1980 to present, have you spent time that adds up To 5 years or more in Europe?

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?

If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?

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?

Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?

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)

Yes (No)

Yes (No) if so, why?

Yes (No)

Yes (No)

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: 11/16/2009

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: 11/16/2009

Witness to Signatures above:

Date: _____