

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

Donor Number: 0127 (For Agency Use Only)

Today's Date: 4/1/2013

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

Name: _____

Date of Birth: 1/8/90

Social Security #: _____

Insurance Co: united health

Address: _____ City: Santa Clarita State: CA 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? no 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? Immediately

Who may we contact in case of an emergency?

Who may we contact in case your demographics change? _____ myself _____

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 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? no If yes, please elaborate: _____

PHYSICAL CHARACTERISTICS

Age: 23 Height: 5'7" Weight: 115 lbs **Measurements:** Bust 32 Hips 35 Waist 24

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

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

Mother's Side: Dutch(Holland

Father's Side: Portuguese, Native American, Irish. My dad's mother's family comes from the near the capital of Lisbon, but moved to Hawaii when she was very young.

Blood Type: O + (+ or -) Place of Birth: Van Nuys, California

What celebrity do people most commonly say you look like? N/A

Please circle appropriate response:

Body Type/Bone Structure: small medium large

Hands: right-handed left-handed ambidextrous

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

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

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

Chin:	*Shape	square	<u>oval</u>	round
	*Prominence	slight	<u>average</u>	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 12

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 _____

Dental: *Device none braces retainer other _____
 *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? 4 days

Do you experience cramps? None Mild Average Severe

Method of 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 below:

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.					
2.					
3.					
4.					

Any complications? _____

MEDICAL HISTORY

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

1. Breast Augmentation June 2012

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? 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? 3

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...)? yes If yes, pls. explain: Exercise Induced Asthma

Please list all prescription or over the counter medications including dosage you are currently taking: Micronor, once a day

***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? Yes If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?
5/08	12	Unsure	No (IP went through many donors-no pregnancy)	No
7/08	Cancelled due to hyper-stimulation			

Were their embryos left to cryopreserve (freeze)? _____ If yes, approximately how many per cycle? _____

What is the compensation you are asking for your donation? \$6500 (1st time donors \$5,000)

What is the least amount you would consider? \$5000

Will you require missed wages from work? yes

If yes, what is your hourly wage? \$16/hr + commission How many hours per week do you work? 40

Will you require childcare reimbursement? no If yes, what is the hourly rate? _____ X _____ kids

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

Are you currently sexually active? yes If yes, is it a monogamous relationship and for how long? Yes, 2 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? no If yes, please explain treatment _____

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 _____
Jr. High School _____
Sr. High School (GPA: 4.2)
Currently in College pursuing a degree in: Psychology
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: 1880 ACT's: 29 College GPA: 4.0

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>UCLA</u>	<u>2008</u>
2. <u>Grand Canyon University</u>	<u>2009- current</u>
3. _____	_____

What was your favorite subject in school? science You're least favorite? history

Dean's List or Honor Roll? National Honor Roll

As an adult I am most proud of: My ability to overcome and succeed. I've held a full-time job while going to school full-time.

Currently I have a career in: Retail sales

I have been in this profession for 2 years 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: running, cleaning, walking, swimming, tennis

Have you excelled in any physical activities? yes, running

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: healthy

Other skills or talents? I'm very creative with crafts. I can sew and crochet without ever being taught. Very quick-learning

Do you show artistic or musical ability? yes If yes please explain: See above

***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	Brown	Blue	5'7" 250lbs	Med.	50		
Father	Black	hazel	6'1" 230lbs	light	56		
Brother: 1.	Blonde	Blue	5'9" 140lbs	light	16		
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Brown	Gray	5'8" 140lbs	Med.		74	ALS
Maternal Grandfather	Black	Blue	5'8" 150lbs	light	79		
Paternal Grandmother	Brown	Brown	5'5" 130 bs	med		72	Heart attack
Paternal Grandfather	Brown	Hazel	5'11" 130lbs	Med. - dark		73	Pneumonia
Children: (If Any) 1.							
2.							

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? two

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) yes
Sickle Cell (African American) yes
Thalassemia (Greek/Italian) no
Tay-Sach's (Jewish) no

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

How would you describe your personality and temperament? I'm very easy-going and it takes a lot to get me irritated or angry. I'm very friendly and fun-loving

What is your philosophy of life? I believe life is short. Live it to the fullest while you're here.

What qualities and characteristics would you hope the recipient parents possess? I hope they're a loving, caring family

How does it make you feel at the possibility of their offspring knowing about the donation? That is ultimately the choice of the parents. I will comply either way.

How would you describe your childhood? My childhood was fun and I had a lot of fun experiences.

What is the earliest memory you hold as a child? Being at the beach with some of my cousins when I was about four.

We hid under the umbrellas the whole day and searched for sand crabs

What was it like growing up in your family? I have a HUGE family. We always enjoyed getting together and spending holidays with each other. When you have 80 people packed into one house – you're bound to have a good time!

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Ride my bike, catch fireflies

At home I was expected to: Mop the floors, fold clothes, vacuum

My parents were strict about: Knowing where I was

My parents taught me to value: Hard-work, not wealth

What I loved most about my father was: His hard-working nature

What I loved most about my mother was: The Dutch food she could cook

My favorite relatives were: My aunt Lisa and her husband Bill

I loved to visit: The frog pond down the road

In comparison to others I was: reserved, I would skip recess in order to grade papers with my teacher

Your Teenage Years:

Describe yourself as a teenager: fun-loving and outgoing. Studious

Describe your achievements: National honor roll, Who's Who In American High School Students, Varsity Cross-Country, Varsity Track and Girl's Co-Captain, Valedictorian

Did you do poorly at anything? Surprisingly, I was bad at studying, but managed to receive valedictorian honors!

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? I had acne, but nothing severe

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I hope to know that someone out there is going to finally have a child all their own. There is no greater blessing than a child.

What message would you like passed on to the recipient of your eggs/their offspring? Kids grow up in the blink of an eye, so take lots of pictures and spend as much time as possible with them.

What helped you decide to become an egg donor? My cousin donated her eggs a while back and told me she had a life-changing experience.

Do you consider yourself a reliable person? Yes

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

Would you describe yourself as a religious or spiritual person? Not really. I enjoy church but my life does not revolve around it.

Do you have any ethical, moral or religious reservations about being an egg donor? No, not at all.

What are your personal goals? Have you achieved any of these goals? I have quite a few goals, but the most important to be is to happy and successful. In my life right now, I feel I have reached the goals I had set to reach by my age. I'm engaged, working, living on my own, and going to school. I couldn't be happier.

What do you see yourself doing in the next 5-10 years? I see myself in a career with kids on the way.

What would you like your recipient couple to know about you that has not already been asked? There's nothing I can think of off the top of my head ☺.

What is your favorite color? green

Favorite type of food? Mexican

Favorite movie? V For Vendetta

Favorite type of music? Electro, dance

Favorite Book? Invisible Monsters – Chuck Palahniuk

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

Would you be willing to meet a child conceived as the result of your donation? yes Please elaborate: I mean, it's really not my choice, but if the parents or the child wants to meet me, I'd be more than happy.

Would you be interested in possibly meeting the prospective parents?

Yes, If they'd like.

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

I am against it. I believe that that would be playing the "God role". If a child is meant to have a birth defect, then let it be.

It's the decision of a higher power, not ours. Though, again, this would be the sole decision of the parents.

How do you fee 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?

I'd prefer them to be sent for research

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'd prefer they be frozen or donated over discarded.

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

Those are decisions to be made by the parents.

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

To the parents,

I hope that all goes well in this journey that you have decided to embark on. One of my goals in life to be a parent and to create a happy little family of my own. I can only hope that I can help give you that. My only goal in becoming an egg donor is that someone uses to me to make everything they every wanted come true. I'd like to be able to give someone a beautiful little baby that they can love and cherish that will be all their own.

I also hope that everything goes safely and securely and that everything works out. I hope you are blessed with a child, even if I'm not the one you decide on. I have prayed every night since I began on this little journey of my own, whether or not I ever get chosen to participate in something this wonderful, I believe that higher power out there will finally allow someone to have a family all their own.

I wish you the best of luck!

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: _____

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					x		
1. from birth							
2. lifestyle					x		smokers
D. hardening of the arteries							
E. high blood pressure		x	x				Smokers/ no exercise
BLOOD							
A. anemia					x		Grandmother, only one to ever have it
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	x	x					I was raised around cigarettes, and now I have exercise-induced asthma. ☹
C. emphysema		x					Smoker for over 30 yrs
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease		x					COPD, again - smoker
GASTRO-INTESTINAL							
A. ulcer of stomach or duodenum		x					Smoking/ anorexia when she was 15
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					x		Grandfather, he's had it for about 30 yrs
D. deformity of the spine							
E. osteoporosis							
F. dwarfism							
G. heredity low back disease							
H. arthritis		x					She hasn't taken care of herself.
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					x		Grandfather on my dad's side
F. glaucoma							
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne	x						Very slight
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							