

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

Donor Number: 0103 (For Agency Use Only)

Today's Date: 10/25/2010

Date of Birth: 09/15/1980

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

I am interested in an () Open () Anonymous () Semi-Open-Donation (x) No Preference

Full Legal Name and any aliases:

Social Security #: Insurance Co: Regence Blue Shield

Address: _____ City: Graham State: WA Zip: _____

Home Phone: Work Phone:

Cell Phone: May we leave a voicemail message at: (Pls. Circle): Home Work Cell (ok on cell)

Are email communications permissible? If so, what is your E-mail Address:

I check my email: all day (from by blackberry) once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? (Yes, on cell) 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? Immediately

Who may we contact in case of an emergency?

Relationship Husband Ph:

Who may we contact in case your demographics change?

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:

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: 30 Height: 5'8 Weight: 120 Measurements: Bust 36 Hips 36 Waist 26

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

Ethnicity: (Pls. Be specific, ie... German, French, Irish, etc...) Swedish/German/French (I'm kind of a mutt ☺)

Mother's Side: Swedish, German, French

Father's Side: Swedish, German, French

Blood Type: O+ (+ or -) Place of Birth: Tacoma, WA

What celebrity do people most commonly say you look like? People always tell me I'm unique looking. I've never been compared to any celebrity that I can think of

***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)	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
	strawberry blonde					
	*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)	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 _____

Dental: *Device (none) braces retainer other I have naturally
straight teeth and have never had braces

*Reason cosmetic accident disease other _____

*Age during use _____ to _____ 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? 26-28 days How long do they last? 5-7 days

Do you experience cramps? None Mild (Average) Severe

Method of birth control? None If none, in the past? pill

Have you ever been pregnant? Yes If yes, did you have trouble conceiving? yes

Have you ever been treated for infertility? Yes

*After several successful egg donations, I found out my tubes were blocked for unknown reasons once my husband and I began trying to have a family of our own. As a result, my husband and I did IVF to conceive our twins. My eggs have always been excellent quality, which every fertility doctor I've ever worked with can attest to. I am a proven donor and my cycle was successful. I carried my twins with no problems 37 ½ weeks. As a result of this experience, I have an even deeper appreciation for this process and for what couples go through.

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
1.2010	C-Section (Twins!)	No	No	No	No
2.					
3.					
4.					
5.					
6.					

Any complications? I carried my twin girls 37 ½ weeks, with no complications. They were born perfectly healthy and weighed 6lbs, 5 oz and 6lbs, 10oz.

DONATION HISTORY

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?
02/05	?	?	Yes	No-IM in late 40's
03/06	18	13	Yes	Yes
05/11	30 (20 mature)	16	Yes-Twins	Pending
10/11	29	Pending	Yes	Pending
12/12	28	Pending	Pending	Pending

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

*My last recipient couple had 4 embryos leftover to freeze. They transferred them into a surrogate and had twin boys after they had their daughter with my eggs. 3rd donation-8 blastocysts.3 frozen on 4th donation.

What is the compensation you are asking for your donation? My last recipient couple compensated me \$10,000 (1st time donors \$5,000)

What is the least amount you would consider? \$10,000

Will you require missed wages from work? Yes

If yes, what is your hourly wage? \$26.00/hr How many hours per week do you work? 40

Will you require childcare reimbursement? I will likely bring the twins with me if chosen so no If yes, what is the hourly rate? _____ X _____ kids

During travel assignments, will you: ☒ Drive yourself to the airport and require parking reimbursement
☐ Take a taxi or shuttle and require reimbursement
☐ Have someone drop you off and require NO reimbursement

Will you require high speed internet access in your hotel to keep up with work or school? Yes ☒ (No, I have internet access via my blackberry)

MEDICAL HISTORY

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

1. Breast Augmentation in 2003
2. C-section and tubal ligation in May 2010
3. Egg donations

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 ever had a reaction to anesthesia? No, however I don't do well under local anesthesia. I prefer general. 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? 2 at most month? _____

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

Describe any childhood allergies that you have outgrown: N/A

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 If yes, for how long? 7 years

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

Have you or your partner ever had a sexually transmitted disease (trichomoniasis, 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: 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 _____
Jr. High School _____
Sr. High School (GPA: _____)
Currently in College pursuing a degree in: _____
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: Social Work (MSW in 2009)
Vocational/Trade School: _____

Test Scores: SAT's: Not taken ACT's: Not taken College GPA: 3.8

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Tacoma Community College</u>	<u>99-01</u>
2. <u>Central Washington University</u>	<u>03-04</u>
3. <u>University of Washington</u>	<u>06-09</u>

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: obtaining my MSW while working full-time

Currently I have a career in: Social Work. I am a CPS investigator and investigate cases of child abuse/neglect

I have been in this profession for 3 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: Wakeboarding, running, walking

Have you excelled in any physical activities? No

Manual Dexterity: Dexterous (Average) Clumsy

I would describe my diet as: Meat eater and lots of greens (salads, green beans, asparagus, etc....)

Other skills or talents? I enjoy cooking/baking

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

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Brown	Hazel	5'4 / 135	Fair	51		
Father	Brown	Blue	6'2 / 190	Medium	52		
Brother: 1.							
2.							
3.							
Sister: 1.	Brown	Green	5'8 / 125	Medium	26		
2.							
3.							
Maternal Grandmother	Brown	Brown	5'7	Fair	77		
Maternal Grandfather	Strawberry Blonde	Blue	5'11	Fair		60	Car accident
Paternal Grandmother	Strawberry Blonde	Blue	5'7	Fair		?	?
Paternal Grandfather	Dirty Blonde	Blue	5'11	Medium		?	?
Children: (If Any) 1.	Brown	Green	N/A	Medium	6 months		
2.	Blonde	Blue	N/A	Fair	6 months		
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: (No)

Cystic Fibrosis (Caucasian) _____

Sickle Cell (African American) _____

Thalassemia (Greek/Italian) _____

Tay-Sach's (Jewish) _____

Fragile X _____

Spinal Muscular Atrophy _____

If yes to any of the above, were you determined a carrier? N/A

How would you describe your personality and temperament? I am goal oriented, driven, and somewhat of a perfectionist when it comes to myself, however I don't hold these expectations to others. I am loving, compassionate, and love to try new things and explore new places. I am adventurous and fun!

What is your philosophy of life? Treat others how you want to be treated. Never judge a book by its cover. Find dignity and worth in all people.

What qualities and characteristics would you hope the recipient parents possess? A deep commitment to providing his/her child with the love, guidance, and nurturance needed to grow up and lead a successful life.

How does it make you feel at the possibility of their offspring knowing about the donation? I am extremely proud of being an egg donor and would be fine with a child knowing this information.

How would you describe your childhood? Busy! I was blessed to have many family members who cared about me. I was very involved in academics and spent a significant amount of time with my grandparents.

What is the earliest memory you hold as a child? Making mud pies in my backyard with my two Chihuahuas salt and pepper.

What was it like growing up in your family? It was good. My parents divorced when I was five and my bio father chose not to maintain a relationship with me. My mother did the best she could as a single parent and my

extended family really invested their love, time, and energy into me. I truly believe it takes a village to raise a child! ☺

What religion did you belong to as a child? Christianity and still consider myself a Christian

When I Was A Child:

My favorite thing to do was: to be read books

At home I was expected to: do my chores and homework

My parents were strict about: Violent movies

My parents taught me to value: family

What I loved most about my father was: I honestly can't remember that early on

What I loved most about my mother was: She was very nurturing to me

My favorite relatives were: my grandparents

I loved to visit: my grandparents

In comparison to others I was: a well behaved child

Your Teenage Years:

Describe yourself as a teenager: Like most teenagers, I liked to hang out with my friends all the time. I went to school football games and dances. I loved to go to the mall and shop. I worked part time at the Gap and at the movie theatre.

Describe your achievements: I excelled in school and most of my focus was here.

Did you do poorly at anything? Not really

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 help a couple achieve their dream of having a family of their own.

What message would you like passed on to the recipient of your eggs/their offspring? I wish you the best of luck in your journey to create a family. I know how frustrating this process can be and I truly appreciate your consideration.

What helped you decide to become an egg donor? My previous boss was unable to become pregnant and used an egg donor to help create her family. Seeing what she went through made me want to give this opportunity to another family longing to have a child. I saw so many children in my job who's families didn't even want them

and I felt like it wasn't fair to couples who would make excellent parents. I do not regret my decision to be an egg donor and am proud of it.

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? Definitely!

Do you have any ethical, moral or religious reservations about being an egg donor? Not at all

What are your personal goals? Have you achieved any of these goals? My main goal right now is to become a LICSW. I am currently half-way done with my clinical supervision hours. Once I have my license I would like to open my own private practice and counsel children who have been adversely affected by childhood abuse/neglect. My other goal is to be a wonderful mother, which I strive to be each and every day.

What do you see yourself doing in the next 5-10 years? Hopefully, working part-time as a therapist and spending every minute with my kids.

What would you like your recipient couple to know about you that has not already been asked? I am an honest and open person with the best intentions. I am fully committed to this process, particularly as a result of my personal experience in the fertility world. My husband is very supportive.

What is your favorite color? Navy Blue

Favorite type of food? Sushi

Favorite movie? Twilight

Favorite type of music? Variety really, there's so much great music out there. I love Etta James, Robin Thicke, Michael Buble

Favorite Book? The Hunger Games, by Suzanne Collins

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

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: This decision should obviously be left up to the recipient couple, however I do think it could be a positive experience for all parties. I am still in touch with my last recipient couple and it has been wonderful.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? Yes and Yes!

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?
I would not do a selective reduction or an abortion unless this was the case. This is a personal decision.

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'm not sure about this.

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?

I am not comfortable with this so no, I would not sign a consent.

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 don't like this. I would like to know that my recipient couple gets to keep any of the leftover embryos to hopefully use for future pregnancy attempts.

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

Totally fine with this.

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

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.

Nothing to Report

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							
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							

RISK FACTORS	Yes	No	Comment
Have you ever been sexually active with a male who was gay or bisexual?	Yes	(No)	
<hr/>			
Have you ever injected drugs or had a sexual partner who did so?	Yes	(No)	
<hr/>			
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	Yes	(No)	
<hr/>			
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	Yes	(No)	
<hr/>			
Have you ever had sex in exchange for money or drugs?	Yes	(No)	
<hr/>			
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	Yes	(No)	
<hr/>			
Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?	Yes	(No)	
<hr/>			
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)	
<hr/>			
Have you had an accidental needle stick within the past 12 months?	Yes	(No)	
<hr/>			

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, **Yes** **(No)**

speech or gait?

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)**

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 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)

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: 10/25/2010

I _____ Larson 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: 10/25/2010

Witness to Signatures above:

Date: _____