

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

Donor Number: 0175 (For Agency Use Only)

Today's Date: __12/23/2010__

Date of Birth: __03/21/1983__

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

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

Full Legal Name and any aliases: __

Social Security #: _____ Insurance Co: _____AETNA_____

Address: __ __ City: __Fountain__ State: __CO____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we leave a voicemail message at:(Pls. Circle): Home-YES Work -YES Cell-YES

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

I check my email: all day -YES once a day several times a week rarely

Are text messages permissible and if so at what telephone numbers? **Yes** 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? _____ If so, please provide a complete copy to me.

Have you ever been denied entry into another egg donor program? YES__ If yes, please explain in detail:

Height requirements

How soon are you able to begin your donation? __ASAP__

Who may we contact in case of an emergency? _____

Relationship __Husband__ Ph: _____

Who may we contact in case your demographics change? __Mother__ 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? **Yes** No

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

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? **August 2007**

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: 28 Height: 5'0 Weight: 135lbs **Measurements:** Bust 36C Hips 37 Waist 33

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

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

Mother's Side: Irish, German, French, Cherokee Indian, Mexican

Father's Side: Ukrainian

Blood Type: A+ (+ or -) Place of Birth: Miami Florida

What celebrity do people most commonly say you look like? Katie Holmes

***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:	<u>right-handed</u>	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	light	<u>medium</u> dark
Hair:	*Natural Color	blond	brown black red other <u>reddish-brown</u>
	*Color as child	blond	brown black <u>red</u>
	*Shade	light	<u>medium</u> dark
	*Type	straight	wavy <u>curl</u>
	*Fullness	thin	medium <u>thick</u>
	*Texture	fine	<u>medium</u> course
Nose:	*Size	<u>small</u>	medium large
	*Width	narrow	<u>average</u> wide
	*length	<u>short</u>	average wide
	*Nostril Flare	small	<u>average</u> wide
Cheekbones:	*Set	low	average <u>high</u>
	*Prominence	slight	<u>medium</u> strong
Mouth:	*Size	small	<u>average</u> large
	*Lips	<u>thin</u>	average full
Chin:	*Shape	square	oval <u>round</u>
	*Prominence	slight	<u>average</u> strong
	*Cleft	<u>none</u>	slight medium
Skin:	*Tone	<u>light</u>	med-light medium med-dark dark olive
	*Tan Ability	none	<u>slight</u> medium easy
	*Condition	normal	<u>dry</u> oily medium combination
	*Acne	<u>none</u>	slight medium severe at what age_____
Other Facial			
Features:	*Moles	none	<u>one</u> several numerous
	*Freckles	none	several <u>moderate</u> numerous
	*Dimples	<u>none</u>	slight medium deep
Eyesight:	*Vision	<u>normal</u>	far-sighted near-sighted
	*Glasses	<u>none</u>	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

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_ How long do they last? _4-5 days_

Do you experience cramps? **None** Mild Average Severe

Method of birth control? __condoms__ If none, in the past? _Mirena IUD(taken out 12/21/2010)___

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

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
1.2005	GIRL-C-SECTION				
2.2008	GIRL-C-SECTION				
3.					
4.					
5.					
6.					

Any complications?

__NONE__

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? __may consider less depending on circumstances__

Will you require missed wages from work? __YES if more than a one week is missed of work or if out of state__

If yes, what is your hourly wage? __\$13.87__ How many hours per week do you work? __35-37__

Will you require childcare reimbursement? __YES__ If yes, what is the hourly rate? _____ X ____ kids
***My father watches my children when needed. If childcare is needed during the school year then we pay him \$10 a day for our younger daughter because the other is in school. If school is out of session then we pay \$20.00 per day. ***

During travel assignments, will you: ()Drive yourself to the airport and require parking reimbursement

()Take a taxi or shuttle and require reimbursement

(****YES****)**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**

MEDICAL HISTORY

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

1. __Cesarean Section in 2005 and 2008__

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 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: NO _____

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? 8 years _____

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)? 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: Aleve 2-3 if headache arises

***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: 3.5)
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: _____ College GPA: 3.0

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>PPCC</u>	<u>2001-2002</u>
2. _____	_____
3. _____	_____

What was your favorite subject in school? ENGLISH You're least favorite? MATH

Dean's List or Honor Roll? Honor Roll

As an adult I am most proud of: My accomplishments at a young age. We bought our first house when I was 20 years old, I have had a healthy happy relationship with my high school sweet heart since 1997 (13 years), our children and our morals and values as a family. I have maintained a steady career in early childhood education for the last nine years also.

Currently I have a career in: Early Childhood Education

I have been in this profession for 9 years and 2 mos. _____ 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: Hiking, walking, swimming, running

Have you excelled in any physical activities? Varsity Flying Cheerleader for 3 consecutive years.

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Pretty healthy, with occasional sugar splurges.

Other skills or talents? Very artsy and creative, draw fairly well, setting up different catering events with family

Do you show artistic or musical ability? YES If yes please explain: Played flute and piccolo throughout junior high and high school years, also did marching band

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Dark Brown	Hazel	5'6 140lbs	Med	49		
Father	Blonde	Blue	5'5 175lbs	Med	50		
Brother: 1.	Dark brown	Hazel	5'10 135lbs	Med	24		
2.							
Sister: 1. 1/2	Dark Brown	Dark Brown	5'9 200lbs	Olive	29		
2.							
Maternal Grandmother	Med Brown	Blue	5'2 145lbs	Fair	69		
Maternal Grandfather	Black	Hazel	5'6 140lbs	Med		61	Liver Cancer (associated with the Asian Orange in Vietnam)
Paternal Grandmother	Medium Brown	Blue	5'3 170lbs	Fair		52	Heart Attack (caused by reaction to prescription medication)
Paternal Grandfather	Black	Blue	5'5 135lbs	Med		30	Tuberculosis
Children: (If Any) 1. Girl	Dirty Blonde	Hazel	38 inches 38 lbs	Med	5y10mos		
2. Girl	Light Brown	Blue	32 inches 29lbs	Med	2y5mos		

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) NO

Sickle Cell (African American) NO

Thalassemia (Greek/Italian) NO

Tay-Sach's (Jewish) NO

Fragile X NO

Spinal Muscular Atrophy NO

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

How would you describe your personality and temperament? Easy going, and easy to get along with. Pretty calm demeanor. Enjoy helping others and being a good friend, assertive.

What is your philosophy of life? You are only as good as you strive to be! Do to others what you would want done to you.

What qualities and characteristics would you hope the recipient parents possess? Happy, fun, compassionate about children, financially stable, family oriented and full of love!

How does it make you feel at the possibility of their offspring knowing about the donation? Wonderful, we would be thrilled to have an open relationship.

How would you describe your childhood? My childhood was great! I grew up with a wonderful family who supported me and guided me in the right direction. I have wonderful siblings whom I remain close with.

What is the earliest memory you hold as a child? Sitting on my father's shoulders, walking across a bridge in Germany. I was two years old.

What was it like growing up in your family? Good! My father was in the military and sometimes it was rough but my mother remained a solid rock for me and my brother and sister. We were all very supported in our choices when it came to activities and school. Our parents were always there for us no matter what the situation was. We always did things all together from Disneyland, to concerts or just hanging around playing board games.

What religion did you belong to as a child? Catholic

When I Was A Child:

My favorite thing to do was: __Have a pretend ‘yard sale’ with my brother in our rooms. We would set up our toys and sell them to each other. __

At home I was expected to: __Be mindful and courteous to others, be home before dark, don’t disrespect adults including my parents, get my chores and homework done before playing with friends. __

My parents were strict about: _Chores and Homework_

My parents taught me to value: __Work Ethic, I watched them day in and day out work work work just to provide us with what we needed!_____

What I loved most about my father was: His hard work with two jobs , and unconditional support (he still shows me this) for whatever was going on around me.

What I loved most about my mother was: __She was always around to support me for my cheerleading games, girl scout functions, new jobs, marriage and life in general. __

My favorite relatives were: _My grandparents! They spoiled us all rotten._____

I loved to visit: _My grandparents, they lived in Colorado for a while then moved to Florida._____

In comparison to others I was: __Lucky to have a mother and father that lived under the same roof (divorce was all around me in school) and whom loved each other and their children unconditionally!

Your Teenage Years:

Describe yourself as a teenager: __Very mild mannered teenager , I had lots of friends and rarely any enemies. I was very active in school work, cheerleading games and practice, a part time job and girl scouts. I managed to excel in all these areas while maintaining a healthy relationship with my boyfriend whom is now my spouse.

Describe your achievements: __I was on the Varsity Cheerleading Squad from my sophomore year until I graduated, we attended National Competitions in Denver, CO. I was #1(according to my grade) in my Senior English class. I had certifications in CPR and First Aid to be a registered baby-sitter for Fort Carson, CO. I maintained a part time job all through middle school and high school as a babysitter and custodian.

Did you do poorly at anything? __I am a bit shy when it comes to “public speaking” or speeches in school. I usually get butterflies and have a hard time communicating in front of large crowds.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? _Besides the social anxiety portion above, I would say I didn’t have many if any other problems throughout my teenage years. Just a healthy happy kid!!!!_

What do you hope to achieve by volunteering in an egg donor program? A happy recipient/recipients and the satisfaction from a parent or parents that may have otherwise never had the opportunity to have a child. While also helping my own family with the compensation.

What message would you like passed on to the recipient of your eggs/their offspring? _I am truly thankful that you have given me this opportunity to give you the greatest blessing possible. I will do whatever I can to ensure a healthy body, mind and soul to ease the stress of this bitter sweet event. I wish you nothing but success and support whatever needs you may have in this process._____

What helped you decide to become an egg donor? __After the birth of our first daughter, I wanted to share the joys of parenting with others who weren't as fortunate to conceive on their own. I look forward to starting the process!

Do you consider yourself a reliable person? ___Yes I am very reliable.

Do you consider yourself a punctual person? __Yes I do.

Would you describe yourself as a religious or spiritual person? _Spiritual, I believe everyone is given signs in their life that guide them along their path and ensure they are choosing the right one.

Do you have any ethical, moral or religious reservations about being an egg donor? I would prefer that eggs not be discarded rather donated to someone else if the situation arose. Otherwise, I am thrilled to have the honor, regardless of race, ethnicity, religion, or sexual orientation.

What are your personal goals? Have you achieved any of these goals? I would love to become an ultrasound technician with an emphasis on Maternal/Fetal. I have located a few colleges in the area that offer the programs I am seeking and look forward to pursuing my dream of looking in the "WHOMB" for a living. _____

What do you see yourself doing in the next 5-10 years? _As far as my career, I see myself completing my education in healthcare and becoming an Ultrasound Tech. As far as family, I would love to have another addition to the family.

What would you like your recipient couple to know about you that has not already been asked? _How about a little more detail about my own children, our first daughter, Serenity, is 5, she will be 6 in February. She was a planned pregnancy and it took one month to conceive. She loves to draw and is artsy like me. Our second daughter, Essynce, is 2 years and 5 months old. Her middle name is her fathers name backwards. "CIRE," his name is "ERIC." She is full of life and is very active. She loves mickey mouse club house any other animal on the planet. She was not a 'planned' pregnancy but she was not unplanned either. SURPRISE! They are beautiful in a million ways and keep me moving.

What is your favorite color? __PURPLE__

Favorite type of food? __ITALIAN__

Favorite movie? __MRS.DOUBTFIRE, FINDING NEMO__

Favorite type of music? __A little bit of everything, but I do really like the 80's and classical__

Favorite Book? __Carrie by Stephan King__

Would you be willing to donate to gay or single prospective parents? __YES__ Please specify: I am completely open to single and gay parents being recipients. These things will not take away from love, stability and a healthy home. That is all that matters to me!

Would you be willing to meet a child conceived as the result of your donation? __YES YES YES OF COURSE__ Please elaborate: I can only hope that the recipient is willing to have an open relationship. I think it would benefit everyone to in a situation like this. To support each other.

Would you be interested in possibly meeting the prospective parents or are you OK with them knowing your first name? __Yes that would be perfectly fine. I do not mind them knowing my name.

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

Selective reduction doesn't sit well with my heart but I do understand in a circumstance where there are five or six embryos that have successfully taken how complicated that could make everything. It's bitter sweet. As far as aborting a fetus due to anomaly(s) or birth defect, I understand how stressful a situation could be if there were a lot of problems. Not only for the parents but also the quality of life a child may have.

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 I SURE WILL. I would love to help someone else out at the same time.

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?

_That could be acceptable but would not be my first choice if given one. _

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 guess ultimately that is up to the clinic once I have done my part, I can only hope that the clinic would be respectful of my opinions.**

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor? **As I have thought about surrogacy myself, I am completely 100% behind the choices of the recipients to do whatever it takes to make their dreams come true.**

Is there a message you would like to leave for your prospective parents? **I'm sure this decision is very stressful for you. I want you to know that I will do whatever I can to ease your stress and make this a pleasant experience. I am delighted at the chance to help someone with a child and will work very hard to ensure healthy happy deliveries of eggs. May God and his angels guide us along this path together.**

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					PGM		Reaction to RX drugs
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					PGF		TB
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					MGM		Uterine-1985 Cancer free

							for 25 years
	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines				Brother			Pre-puberty migraines, eased tremendously through the years
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	<u>No</u>	
Have you ever injected drugs or had a sexual partner who did so?	Yes	<u>No</u>	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	Yes	<u>No</u>	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	Yes	<u>No</u>	
Have you ever had sex in exchange for money or drugs?	Yes	<u>No</u>	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	Yes	<u>No</u>	
Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?	Yes	<u>No</u>	
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	<u>No</u>	
Have you had an accidental needle stick within the past 12 months?	Yes	<u>No</u>	
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive	Yes	<u>No</u>	

hours or longer?

In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	Yes	<u>No</u>
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(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	<u>No</u>
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Have you ever been diagnosed with hepatitis?	Yes	<u>No</u>
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Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months?	Yes	<u>No</u>
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Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	<u>No</u>	if so, when?
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Have you ever been treated for or diagnosed with chlamydia, gonorrhea, herpes or syphilis?	Yes	<u>No</u>	if so, when?
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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	<u>No</u>	if so, who?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	<u>No</u>
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Do you have a history of changes in cognition, speech or gait?	Yes	<u>No</u>
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Have you ever received a blood transfusion?	Yes	<u>No</u>	if so, where?
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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**

(Cont'd)

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? **Frankfurt Germany**

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**

(Cont'd)

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: 12/23/2010

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: 12/23/2010

Witness to Signatures above: _____

Date: _____