

P.O. Box 1646
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720-733-0184
Toll Free 1-877-745-3447
info@donatedeggs.com

Donor Number: 0226 (For Agency Use Only)

Today's Date: November 24, 2008

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

Name: _____ Date of Birth: 08/14/1987

Social Security #: _____ Insurance Co: _____

Address: _____ City: Highlands Ranch State: CO 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? ASAP

Who may we contact in case of an emergency? _____ Ph: _____

Who may we contact in case your demographics change? _____ Ph: _____

Are you (Pls. Circle): Married **Single with relationship** Single without relationship

Are you a U.S. Citizen? **Yes** No

Do you have medical insurance? No Are you willing to travel for an egg donation? Yes

Do you have any legal cases pending against you? No Have you ever filed bankruptcy? _____

Have you ever been convicted of a crime? No If yes, please elaborate: _____

PHYSICAL CHARACTERISTICS

Age: 24 Height: 5'2" Weight: 122 Measurements: Bust 34" Hips 27" Waist 25"

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

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

Mother's Side: German

Father's Side: Norwegian

Blood Type: A (+ or -)

Place of Birth: Aurora, Colorado

What celebrity do people most commonly say you look like? _____

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	average	wide	
	*Size	small	average	large	
	*Shape	round	oval	almond	
	*Shade	light	medium	dark	

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

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

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

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

Chin:	*Shape	square	oval	<u>round</u>
	*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**
 *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 _____
 *Reason **cosmetic** accident disease other _____
 *Age during use 12 to 14 years of age

Other: *List _____
 *Reason/Cause _____

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? 28 Days How long do they last? 4 days

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

Method of birth control? Abstinent If none, in the past? The Pill

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? N/A

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? 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? _____

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? 5

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

Describe any childhood allergies that you have outgrown: Hayfever

Do you have any medical illnesses (diabetes, asthma, etc...)? No If yes, pls. explain: _____

Please list all prescription or over the counter medications including dosage you are currently taking:

***To become an egg donor, you must be completely drug free. You must also be nicotine free for at least 6 mos. You may be tested for this substance at any time.**

Have you ever donated your eggs before? No If yes, Please list dates and outcomes:

Mo/Year	# Eggs Retrieved	# Eggs Fertilized	Did a pregnancy occur?	Did a live birth occur?

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

What is the compensation you are asking for your donation? \$5000 (1st time donors \$5,000)

What is the least amount you would consider? \$3000

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? No If yes, what is the hourly rate? _____ X _____ kids

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

Are you currently sexually active? No If yes, is it a monogamous relationship and for how long? _____
If no, will your partner consent to standard blood testing? Yes

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: 3.0)
Currently in College pursuing a degree in: Psychology, Sociology, History
Completed College with degree in: _____
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: 28 College GPA: 3.1

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Fort Lewis College</u>	<u>2005-2007</u>
2. <u>CU Denver</u>	<u>2007-Present</u>
3. _____	_____

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

Dean's List or Honor Roll? Yes

As an adult I am most proud of: My family and personal accomplishments

Currently I have a career in: Student

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

*I have flexibility in my current profession: Yes No

Languages: Speak: Spanish, French

Read: Spanish, French

Write: Spanish, French

I consider myself: Athletic Active Average Inactive

Physical activities include: Running, variety of sports, yoga

Have you excelled in any physical activities? Junior Olympics Track, Rugby and Cross Country

Manual Dexterity: Dexterous Average Clumsy

I would describe my diet as: Healthy

Other skills or talents? Musically inclined, academically inclined

Do you show artistic or musical ability? Yes If yes please explain: Piano

***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	Blonde	Blue	5'2" 130	Fair	42		
Father	Brown	Brown	5'11" 165	Med-Dark	45		
Brother: 1.	Blonde	Blue/ Green	52 in 70	Fair	10		
2.	Blonde	Brown	4'10" 75	Med	11		
3.	Blonde	Green	4'6" 70	Med	9		
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Blonde	Blue	5'7" 160	Fair	60		
Maternal Grandfather	Blonde	Blue	6'1" 195	Fair-Med	61		
Paternal Grandmother	Brown	Brown	5'3" 145	Med	65		
Paternal Grandfather	Blonde	Blue	6'9" 175	Med	67		
Children: (If Any) 1.							
2.							
3.							
4.							

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? 1

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) _____

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

How would you describe your personality and temperament? Motivated, strong willed, nurturing and empathetic

What is your philosophy of life? Cherish everyday and everyone in it.

What qualities and characteristics would you hope the recipient parents possess? I hope they are nurturing, protective and driven for their children.

How does it make you feel at the possibility of their offspring knowing about the donation? I feel that it is the parent's choice and would be comfortable and supportive of their decision.

How would you describe your childhood? I had a very fulfilled, active childhood. I always had family and friends around and always felt love and support from them.

What is the earliest memory you hold as a child? Christmas parade when I was three.

What was it like growing up in your family? I have a big extended family and was always surrounded by food, we love to cook! Arts projects, crafts, etc...or some sort of activity.

What religion did you belong to as a child? Christian/Lutheran

When I Was A Child:

My favorite thing to do was: I cheered and loved to write and read

At home I was expected to: To be a part of the family, chores, cook, etc...

My parents were strict about: School and friends

My parents taught me to value: Treat others how I want to be treated

What I loved most about my father was: He's really funny and always a laugh!

What I loved most about my mother was: How nurturing she is

My favorite relatives were: My grandparents

I loved to visit: My grandma and grandpa in Montana

In comparison to others I was: Outgoing, Social butterfly

Your Teenage Years:

Describe yourself as a teenager: I was always school active, I cheered, ran cross country, played la crosse, I was also in the DECAFBI Theater.

Describe your achievements: I was on honor roll and national honor society. I went to state in cheerleading and DECA as well as nationals.

Did you do poorly at anything? I wasn't the best at math

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? No. I didn't struggle academically and always had close friends. I was also athletic so I didn't have many health problems.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): To help out a family to grow and the compensation helps with school.

What message would you like passed on to the recipient of your eggs/their offspring? I am thrilled at the chance to help give a gift like this. They deserve every opportunity that anyone else does!

What helped you decide to become an egg donor? I have thought about it for a long time but having the support from my family and just knowing I can help give life to someone made me decide.

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? Spiritual person. I feel life would be dull and meaningless if one didn't have a sense of spirituality, no matter what that may be.

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? I want to finish a Master's in clinical psychology and work with children. I am in the process. I hope to have a family of my own one day and have the opportunity to help others internationally.

What do you see yourself doing in the next 5-10 years? Hopefully a private practice. Preferably from home married with children. Always wanted a big family!

What would you like your recipient couple to know about you that has not already been asked? I am an open, caring person that would love to meet and talk with whomever is interested in letting me help them in this journey!

What is your favorite color? Maroon

Favorite type of food? Mexican

Favorite movie? Christmas Vacation

Favorite type of music? Alternative Rock

Favorite Book? The Alchemist

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I don't think it should matter.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: Only if the parents wanted or allowed me to.

Would you be interested in possibly meeting the prospective parents? Absolutely! I would love to meet them!

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

I feel that is a personal choice and should be made carefully.

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, again, everyone should have the opportunity.

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?

No, I don't feel comfortable with that.

Some clinics have their Prospective Parents sign away rights to any left over embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?

That is their personal decision

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

Again, their personal decision.

Is there a message you would like to leave for your prospective parents? I hope to help your family grow and will be open to your needs. I hope to give you what I have, a big, loving family! I am an outgoing, active, loving person and hope to bring that into your home! This is a great opportunity for both you and I and feel blessed at being able to do this for you!

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					X		Grandma
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		X					Basil Cell –OK though
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							