

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

**Donor Number: # 0143** (For Agency Use Only)

Today's Date: \_\_3/15/10\_\_

Date of Birth: \_\_2/19/1981\_\_

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

Full Legal Name and any aliases: Caroline

Social Security #: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Kaiser Permanente \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Co. Springs \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a voicemail message at: (Pls. Circle): Home Work Cell

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

I check my email: all day 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? no

If so, please provide a complete copy to me.

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

How soon are you able to begin your donation? \_\_\_\_\_ now \_\_\_\_\_

Who may we contact in case of an emergency? \_\_\_\_\_

Relationship husband \_\_\_\_\_ 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? **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:\_\_\_I am able to get time off work\_\_\_\_\_

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: 5'5" Weight: 138 **Measurements:** Bust37 Hips 34 Waist 37

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

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

Mother's Side: Swedish, Lithuanian, French

Father's Side: Irish, Scottish and a small part Native American (Blackfoot I think)

Blood Type: O+ (+ or -) Place of Birth: Colorado

What celebrity do people most commonly say you look like? Grace Kelly or Gretchen Mol

**\*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 _____
	*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-contacts	none	single	bifocal		
	*Astigmatism	yes	no	age diagnosed	_12_	
Dental:	*Device	none	braces	retainer	other _____	
	*Reason	cosmetic	accident	disease	other _____	
	*Age during use _____ to _____ years of age					

## REPRODUCTIVE HISTORY

Age at first period? 14 Are your cycle's regular? yes

How long are your cycles from day one to the next day one? 27-28 days How long do they last? 3-4 days

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

Method of birth control? none If none, in the past? the pill and depo shot

Have you ever been pregnant? yes If yes, did you have trouble conceiving? no

Have you ever been treated for infertility? no

Did your mother take DES while she was pregnant with you? no

## LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.2000	Vag				
2.2001					X
3.2011	Surrogacy Pending				
4.					
5.					
6.					

Any complications? none, very easy pregnancy.

## 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?
4/2006	18	?	Yes (Twins)	Yes
6/2007	22	11	Yes (Twins)	Yes
8/2007	9	5 (3 remaining)	Yes	Miscarriage

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

What is the compensation you are asking for your donation? \_\_\_7000 (negotiable)\_\_\_ (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \_\_\_6500\_\_\_

Will you require missed wages from work? \_\_\_probably not I have plenty of sick leave\_\_\_

If yes, what is your hourly wage? \_\_\_16.00 per hour How many hours per week do you work? \_\_\_40

Will you require childcare reimbursement? \_\_\_no\_ If yes, what is the hourly rate? \_\_\_\_\_ X \_\_\_\_\_ kids

## MEDICAL HISTORY

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

1. \_\_\_\_\_none\_\_\_\_\_
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? yes If so, What? I tried weed once in high school and that was it.

Do you drink alcohol? yes If yes, how many drinks per: day? 1 week? glass a couple of times a week or so 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** No

If yes, for how long? 6 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 one abnormal pap in 2001, fine since

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

n/a

**\*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: English  
Currently pursuing advanced degree in: MBA  
Completed advance degree in: \_\_\_\_\_  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: 1460      ACT's: 30      College GPA: 3.4

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Univ. Northern Co</u>	<u>2006</u>
2. <u>Univ Colorado</u>	<u>current</u>
3. _____	_____

What was your favorite subject in school? English Your least favorite? math

Dean's List or Honor Roll? honor roll

As an adult I am most proud of: Continuing my education while raising my son and holding a full time job.

Currently I have a career in: higher education

I have been in this profession for 3 years 2 months  days/mos/years

\*I have flexibility in my current profession: **Yes** No

Languages: Speak: Spanish and Portuguese

Read: same and Latin

Write: same

I consider myself: Athletic **Active** Average Inactive

Physical activities include: Yoga, jogging, dancing, golf, snowboarding, and tennis

Have you excelled in any physical activities? cheerleading, track, and ballet

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: pretty good. I like coffee but other than that I have pretty good eating habits. I definitely love red meat but I eat well rounded meals and I don't eat very many sweets.

Other skills or talents? writing, public speaking, I am a great dancer and making people laugh ☺

Do you show artistic or musical ability? \_\_\_\_\_ If yes please explain: I enjoy painting and writing poetry.

## FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Lt brown	Hazel	5'0 Around 135	fair	51		
Father	Black	Brown	6'0 Around 180 I think	medium	50		
Brother: 1.							
2.							
Sister: 1.							
2.							
Maternal Grandmother	Lt brown	Hazel	5'4 130	Fair		82	Natural causes
Maternal Grandfather		Brown	5'8 170	med		79	natural
Paternal Grandmother		blue	5'2 140	fair		80	natural
Paternal Grandfather		brown	6'2	med		85	natural
Children: (If Any) 1.	blond	Brown (blond when born)	73 lbs 4'8	med	10		
2.							

Are you adopted? yes If yes, do you have access to your biological health history? yes

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: **ALL**

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? Not to my knowledge

How would you describe your personality and temperament? I have an outgoing personality and it is easy for me to meet people. I have a pretty nice temperament, but I can get impatient at times. I love going out or staying home and I love being with my friends and family.

What is your philosophy of life? I have learned that you only live once and you never know what tomorrow will bring, so it is so important to enjoy life, have fun and be a good person to others.

What qualities and characteristics would you hope the recipient parents possess? I would want them to have a loving family, a good support system, and a belief in some type of higher power, honesty, trust and a strong sense of self.

How does it make you feel at the possibility of their offspring knowing about the donation? I am adopted myself and I believe that honesty is the best policy. A child just needs to know that they are loved and they way they were conceived does not matter. It is not something that a child may want to find out later in life and feel lied to.

How would you describe your childhood? I had a great childhood! We are a very close family and we all get along very well. We camped in the summer, skied in the winter and my parents were always 100% supportive of everything I wanted to do.

What is the earliest memory you hold as a child? Going to Disney World with my family and riding the rides with my dad. I have a lot of memories playing in the back yard and camping in the summer.

What was it like growing up in your family? Very supportive and active. We were always doing things together and my family all gets along very well. We still do. We were religious and I went to a parochial school because education is incredibly important to all of us. I never saw my parents fight and we were all very honest with each other. My parents set a great example of great parenting and a healthy marriage.

What religion did you belong to as a child? \_\_\_\_\_ Catholic \_\_\_\_\_

My favorite thing to do was: \_\_\_\_\_ Ballet, cheerleading, summer vacations to Lake Powell with my family and skiing.

At home I was expected to: \_\_\_\_\_ Clean my room, help set the table and when I was older I mowed the lawn, and my laundry.

My parents were strict about: \_\_\_\_\_ Getting good grades, trying my best in everything I did, and when I was driving to try not to get too many tickets.

My parents taught me to value: \_\_\_\_\_ God, family, education, a strong work ethic treating others how I wanted to be treated and being an understanding person.

What I loved most about my father was: \_\_\_\_\_ Pretty much everything. He is an amazing father. He was a “hands on” dad, he coached my basketball team, helped me with my homework, drove me to school every day and showed an unparalleled dedication to our family and still had an amazing professional career. He treats my mom so well and they are a great couple. It was a wonderful example. I honestly still don’t know how he did it.

What I loved most about my mother was: Her very nurturing demeanor, her patience, her constant support of us and especially my dad. She helped with my grandparents (adopted) and cared for my grandfather as he had onset of schizophrenia from blood poisoning which I can imagine was a very tedious task but she was strong the entire time and still held our family together.

My favorite relatives were: Mostly my cousins. They were a little older but were very fun and were patient playing with us little kids. My grandma who watched me in the summer and after school and my grandfather were my absolute favorite though and still are ☺ My entire family, even extended family get along so well there was not one family member I didn’t get along with.

I loved to visit: \_\_\_\_\_ My family all lives in Colorado so we didn’t go out of town to visit family much but we have very close family friends in Denver we are still close with. Their daughter is my age and we are still very close.

In comparison to others I was: I’m honestly not sure because I didn’t compare myself to others. I was very gregarious growing up and was voted most popular and class clown so I would have to say I was very comfortable in my own skin and got along with everyone where as I think a lot of teenagers stick to one “clique” and don’t take the time to get to know other types of people. I was able to make friends very easily and put people at ease.

## **Your Teenage Years:**

Describe yourself as a teenager: Very fun. I was very social and got along with many people. I was in cheerleading, track and managed the boys' soccer and lacrosse teams. I was popular and got good grades. I didn't do anything that would get me into too much trouble. Just some good teenage fun.

Describe your achievements: college degree, having the job I've always wanted, getting accepted into grad school, cheerleading in college, raising a great kid ☺\_\_\_\_\_

Did you do poorly at anything? Math, I am not a good singer at all and I am not the best at managing my money.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? none

What do you hope to achieve by volunteering in an egg donor program? I've done it before and I enjoyed it very much. It really isn't that "hard" as far as the drugs, etc. goes. I look forward to helping a family have a child and that is an amazing feeling knowing I can help with that. I believe that is the ultimate goal and money and what not is not a motivating factor for me.

What message would you like passed on to the recipient of your eggs/their offspring? Take it one day at a time, and whatever is meant to be will be. Strength and love are essential and the child's genes are not important when it comes to loving them. It is a comforting thought for a child to know how much the parents went through to have a child and so the child can be assured that they are always wanted and loved.

What helped you decide to become an egg donor? While I was in college the money attracted me first to help pay for my education but more importantly coming from an adopted background I have experienced how great it is seeing people becoming parents when they otherwise couldn't in a "traditional way". I think every person deserves that chance.

Do you consider yourself a reliable person? very. I always stick to my commitments.

Do you consider yourself a punctual person? I am about 5 minutes late sometimes but that is more for personal engagements, not other appointments. I understand how important punctuality is during the donation process.

Would you describe yourself as a religious or spiritual person? I do. I don't go to church as much as I used to but I have a strong belief that God has a plan for us all and we just have to trust it is the best thing for it even if at the time we don't think it is a good thing.

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? I wanted a degree and I have exceeded that as of now. I wanted to work in education which I do, I wanted children and I have a wonderful son. My future goals is buying the house I am currently renting, lead my son on the right path to adult hood and just being a generally good person to the people I am around.

What do you see yourself doing in the next 5-10 years? In a higher position where I work, having my MBA degree, my house will be updated and remodeled, I will have traveled more extensively than I have already and watch my son graduate high school and head to college. My husband will still be married of course ☺

What would you like your recipient couple to know about you that has not already been asked? I only wish the best for you. I am a very caring and loving person. I think humans in general are good people even after negative experiences with some people. I have overcome many challenges in life and if I get to donate my eggs to a couple (or single mom) then as always with every donation, I will put my health and well being as a highest priority as I have with all donations as if it were my own "child" I were "making". ☺ I don't think there is any difference in making healthy eggs then making a healthy baby.

What is your favorite color? red

Favorite type of food? sushi, caviar, and lamb

Favorite movie? too many to name! Scarface, Godfather, Wedding Crashers, and New York I Love You, PCU, Bridges of Madison County. The list is long!

Favorite type of music? Mostly all but I love blues and modern jazz

Favorite Book? East of Eden, 1984 and post WWII literature

Would you be willing to donate to gay or single prospective parents? \_\_\_\_\_ Please specify: absolutely. The gender or marital status has no bearing on being a parent.

Would you be willing to meet a child conceived as the result of your donation? \_\_\_\_\_ Please elaborate:  
Sure. If kids know their situation regarding IVF, adoption, surrogacy, etc. I think it is common for them to have questions about biological parents and having those questions answered can be very cathartic but I 100% respect that choice as the choice of the parents.

Would you be interested in possibly meeting the prospective parents? Absolutely. I had originally planned on placing my son for adoption and met his potential parents. It was nice to know their personality and mine and similarities and differences to make that choice. But again, that is 100% the choice of the parents and their comfort level with that.

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

Completely up to the parents. I myself do not think I would be “strong enough” to have a child with birth defects of a severe kind but I have the utmost respect for people who can and I can understand the reasons for not parenting one as well. That is a very personal choice and should never be up to anyone but the parents involved.

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 would sign consent for that. Once donated they are no longer “mine”. I don’t think they are even “mine” when preparing for donation. They “belong” to the parents and it is their choice to do what they want.

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research or destruction of such remaining embryos?

Yes, same as above.

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 perfectly fine.

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

I think it’s great if it gives them a better chance of conceiving. I thought of being a surrogate myself actually so I think it is great.

Is there a message you would like to leave for your prospective parents? Good luck. I think what you are doing is an emotional roller coaster to say the least. It takes a lot of strength and trust in another person to help you with such a large decision and undertaking. Remember parenting is an adventure from day one and there are so many things we cannot control and having faith (whatever kind) keeps people from feeling like they are alone in this. If I donate my eggs the parents receiving them can be comforted that I will do my best to donate the best way I can by sticking to the “rules”. I’ve done this a few times and I have never regretted it. Whomever you chose, I hope it turns out the way you want it to.

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							
1. from birth							
2. lifestyle							
D. hardening of the arteries							
E. high blood pressure							
<b>BLOOD</b>	X						During pregnancy only
A. anemia							
B. sickle-cell anemia							
C. hemophilia or other bleeding problem							
D. leukemia							
E. Immune Deficiency							
F. other blood disorder							
<b>RESPIRATORY (LUNGS)</b>							
A. hay fever							
B. asthma							
C. emphysema							
D. tuberculosis							
E. lung cancer							
F. pneumonia							
G. other lung disease							
<b>GASTRO-INTESTINAL</b>							
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.							
<b>METABOLIC/ENDOCRINE</b>							
A. diabetes mellitus							
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease							
E. goiter							
F. adrenal dysfunction or disorder							
G. hyperactivity							
<b>URINARY</b>							
A. kidney disease							
B. other disease of urinary tract (urethra, bladder, ureter)							
<b>GENITAL/REPRODUCTIVE</b>							
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
<b>NEUROLOGICAL</b>							
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							
<b>MENTAL HEALTH</b>							
A. schizophrenia							
B. bipolar or manic depressive							
C. depression							
<b>MUSCLE/BONE/JOINTS</b>							
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							
<b>SIGHT/SOUND/SMELL</b>							
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							
<b>SKIN</b>							
A. acne							
B. eczema							
C. skin cancer							
D. pigmentation disorders							
E. other disorders of the skin							
<b>OTHER</b>							
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							

<b>RISK FACTORS</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Have you ever been sexually active with a male who was gay or bisexual?	<b>Yes</b>	<b>No</b>	
Have you ever injected drugs or had a sexual partner who did so?	<b>Yes</b>	<b>No</b>	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	<b>Yes</b>	<b>No</b>	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	<b>Yes</b>	<b>No</b>	
Have you ever had sex in exchange for money or drugs?	<b>Yes</b>	<b>No</b>	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	<b>Yes</b>	<b>No</b>	
Have you ever been sexually active with a person Who was known or suspected to have HIV, hepatitis B or hepatitis C?	<b>Yes</b>	<b>No</b>	
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?	<b>Yes</b>	<b>No</b>	
Have you had an accidental needle stick within the Past 12 months?	<b>Yes</b>	<b>No</b>	
Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?	<b>Yes</b>	<b>No</b>	
In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?	<b>Yes</b>	<b>No</b>	
Have you acquired a tattoo or other skin piercing	<b>Yes</b>	<b>No</b>	



procedure within the preceeding 12 months?

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Have you ever been diagnosed with hepatitis?	Yes	No
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Have you been vaccinated or had contact with anyone Vaccinated for smallpox within the past 2 months?	Yes	No
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Have you ever been diagnosed with or suspected to have West Nile Virus?	Yes	No	if so, when?
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Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis?	Yes	No	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	No	if so, who?
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Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone?	Yes	No
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Do you have a history of changes in cognition, speech or gait?	Yes	No
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Have you ever received a blood transfusion?	Yes	No	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
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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
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From 1980 to present, have you spent time that adds up To 5 years or more in Europe?	Yes	No	if so, where?
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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?
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If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you Were there?	Yes	No	
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Have you ever had sexual contact with anyone who was bornOr lived in any Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?	Yes	No	
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Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?	Yes	No	if so, when?
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Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involvesBeing exposed to live cells, tissues or organs from an animal?	Yes	No	if so, who?
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Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?	Yes	No	
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Have you ever received a human organ, tissue transplant or human extract?	Yes	No	
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Have you ever been excluded as a blood donor?	Yes	No	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	No	
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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?

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Yes   **No**

Have you received a bite from an animal suspected for rabies within the last six months?

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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: \_\_\_\_\_ signed electronically

Date: \_\_\_\_\_ 3/16/2010

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: \_\_\_\_\_ 3/16/2010 \_\_\_\_\_

Witness to Signatures above: \_\_\_\_\_

Date: \_\_\_\_\_