

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

Donor Number: 0139 (For Agency Use Only)

Today's Date: 03/29/2013

Date of Birth: 5/24/83_____

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

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

Full Legal Name and any aliases: _____

Social Security #: _____ Insurance Co: _____BC/BS KS_____

Address: _____ City: Wichita State: KS 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 _____ my cell _____

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? now

Who may we contact in case of an emergency? _____

Relationship mother Ph: _____

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

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: 29 Height: 5'6" _____ Weight: 155 Measurements: Bust 38 Hips _____36_____ Waist _____32_____

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

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

Mother's Side: German _____

Father's Side: Irish (actually born there) _____

Blood Type: _____ (+ or -) Place of Birth: _____Wichita, KS_____

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

***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 14__
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 _21_ to _22_ years of age					

REPRODUCTIVE HISTORY

Age at first period? ____10____ 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? __3-4__

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

Method of birth control? ____LoLoestrin____ If none, in the past? _____

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

Have you ever been treated for infertility? ____no____

Did your mother take DES while she was pregnant with you? ____no____

LIST OF PREGNANCIES AND OUTCOMES

Year	Delivery ♀ or ♂ Section/Vag	Miscarriage	Ectopic	Blighted Ovum	Termination
1.					
2.					
3.					
4.					
5.					
6.					

Any complications? _____

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?
4/1/2012	24	18 ICSI'd/18 Fertilized-2 Transferred	Yes-Singleton	Yes-Male

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? 9

What is the compensation you are asking for your donation? \$9000 (1st time donors \$5,000)

What is the least amount you would consider? ?

Will you require missed wages from work? _____yes_

If yes, what is your hourly wage? ___\$40___

How many hours per week do you work? ___32___

Will you require childcare reimbursement? _____no__

If yes, what is the hourly rate? _____ kids

During travel assignments, will you: ()Drive yourself to the airport and require parking reimbursement
()Take a taxi or shuttle and require reimbursement
(X)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 _X_No

MEDICAL HISTORY

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

1. _____Breast Augmentation 2004_____
2. _____Rt shoulder surgery-torn labrum 2010_____

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?yes___ If yes, how many drinks per: day? _____ week? _1_ month?_____

Do you have any allergies to drugs or environmental exposures? ___yes___ Pls. explain: _____seasonal hayfever_____

Describe any childhood allergies that you have outgrown: _____

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? _6 mon_

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: LoLoestrin-just dc'd, Zyrtec 10mg

***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: _____Nursing_____
Vocational/Trade School: _____

Test Scores: SAT's: _____ ACT's: 29 College GPA: 3.68

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>Newman University</u>	<u>2001-2004</u>
2. <u>UMKC</u>	<u>2004-2006</u>
3. _____	_____

What was your favorite subject in school? Science/Biology You're least favorite? Math

Dean's List or Honor Roll? yes

As an adult I am most proud of: Having a Master's degree, new home and a good career by age 23

Currently I have a career in: Nursing/Medicine. I'm a nurse practitioner

I have been in this profession for 6/years

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

Languages: Speak: English/German
Read: English/German
Write: English/German

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

Physical activities include: Half-Marathons, Triathlons, Spin & Aerobics Classes

Have you excelled in any physical activities? Swimming & Biking

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Vegetarian

Other skills or talents? Writing _____

Do you show artistic or musical ability? yes If yes please explain: Flute, oboe, bassoon in high school

FAMILY HEALTH HISTORY

	Natural Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Lt Brown	Blue	5'2" 170	Fair	52		
Father	Auburn	Blue	6' 225	Fair	59		
Brother: 1.							
2.							
3.							
4.							
Sister: 1.							
2.							
3.							
4.							
Maternal Grandmother	Gray	Blue	5'6" 140	74			
Maternal Grandfather	Gray	Blue	5'10" 200	73			
Paternal Grandmother	unknown						
Paternal Grandfather	unknown						
Children: (If Any) 1.							
2.							

Back in the 40-50's (when my dad was born) the Catholic Church in Ireland had a phase where single, young mothers were sent to a facility during their pregnancy until they delivered then were sent home and the child went to "the Orphanage". My dad's orphanage was in Castlepollard, Ireland. The best info we can get is that his mother was around 16 years old and unwed. As far as we can tell she was healthy. My dad was adopted around 9 months old and traveled to NYC via boat. He is in overall good health and I'm trying to find his family

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? __maternal aunt has one set__

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? _____

How would you describe your personality and temperament? Very talkative and outgoing. I do well in stressful situations. Always on the go.

What is your philosophy of life? Always have a goal to reach for!

What qualities and characteristics would you hope the recipient parents possess? Caring but laid back enough to allow the child some safe autonomy. Active & health oriented habits.

How does it make you feel at the possibility of their offspring knowing about the donation? That's fine. They will know their parents were willing to do a lot to have them!

How would you describe your childhood? Great! My mom was my best friend and we were always busy together

What is the earliest memory you hold as a child? Going to my grandparents farm and playing with the animals

What was it like growing up in your family? Lots of love & playing.

What religion did you belong to as a child? Christian

When I Was A Child:

My favorite thing to do was: Play with my Barbie's

At home I was expected to: Pick up my toys & clean the litter box

My parents were strict about: My chores

My parents taught me to value: Friends & family

What I loved most about my father was: He would take a nap with me to get me to sleep

What I loved most about my mother was: She put faith into my decisions

My favorite relatives were: Mom, cousin, grandma & grandpa

I loved to visit: Great grandparents in TN

In comparison to others I was: Talkative & constantly going

Your Teenage Years:

Describe yourself as a teenager: Very busy with school activities, sports, 4-H and studies, but eager for college

Describe your achievements: Only freshman cheerleader to make Varsity squad & only freshman in school to get UCA All-American cheerleader title.

Did you do poorly at anything? Math was not my favorite

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Very competitive that lead to a strict diet and strenuous exercise routine. Very hard on myself!

What do you hope to achieve by volunteering in an egg donor program? To allow someone to experience the joy of a child thanks to my ability to provide. My very good friend has done IVF many times and I know how hard things have been for her. I would love to make that easier for someone. The compensation is only a perk.

What message would you like passed on to the recipient of your eggs/their offspring? Best of luck and they will always be in my thoughts and prayers.

What helped you decide to become an egg donor? I am young & healthy so thought I would try to help

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? Religious

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? To enjoy what I do and try to help others at every opportunity. This is a goal I will always be working on.

What do you see yourself doing in the next 5-10 years? Getting my doctorate in nursing and working independently. Maybe having a family of my own.

What would you like your recipient couple to know about you that has not already been asked? _____

What is your favorite color? purple

Favorite type of food? pizza

Favorite movie? The Wizard of Oz

Favorite type of music? Country

Favorite Book? The Secret

Would you be willing to donate to gay or single prospective parents? yes Please specify: Anyone willing to provide a loving home to their children.

Would you be willing to meet a child conceived as the result of your donation? yes! Please elaborate: I would love to see how they act and what they look like!

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

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

I do not agree with this. I do not feel it is our place to terminate a life (especially after they tried so hard to create it).

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 have mixed feelings. Possibly. Having children/family is expensive anyway. Will they be able to afford the child anyway?

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 would rather not. I would hope they would be saved for the couple to try for more children.

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 that is their choice. They are their embryos at that point.

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

I think those are great opportunities also!

Is there a message you would like to leave for your prospective parents? You have come a long way and endured many tears to reach this point. I wish you the very best of luck. Even if this donation remains anonymous, please know we will always have a wonderful connection and your family will be in my thoughts and prayers. If it's a girl, I promise she will be a little sassy, but she means well! If it's a boy, he will probably be addicted to football ☺ Enjoy all the miracles to come. God Bless!

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			X				
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	X						
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		X					
B. hypoglycemia							
C. thyroid cancer							
D. thyroid disease		X					
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		X					
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	X						
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	
Have you ever injected drugs or had a sexual partner who did so?	Yes	No	
Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?	Yes	No	
Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?	Yes	No	
Have you ever had sex in exchange for money or drugs?	Yes	No	
Have you ever been sexually active with a person who has had sex in exchange for money or drugs?	Yes	No	
Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?	Yes	No	
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	
Have you had an accidental needle stick within the past 12 months?	Yes	No	
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	Yes	No	

hepatitis?

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months?	Yes	No
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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
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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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(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?**

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: _____

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: _____

