

INITIAL DONOR PROFILE FORM

Hello and thank you, in advance, for taking the time to fill out your Golden Egg Donor Profile. It may seem like a lot of questions, but it goes by rather quickly. We need all this information from you because this profile covers just about everything any prospective recipient would want to know about you. Therefore, please take your time and answer each question honestly and thoroughly (maybe close to a paragraph for each question on the "personality section"), as all of our recipients will be reading whatever you write down below. Try to articulate as clearly as possible for our recipients, who will be getting to "know you" for the very first time. Lastly, please do not think of this as an evaluation of yourself as a person—everyone is different and that's what makes everyone special. You are special and that's why you have come this far! So be proud of who you are and where you are in your life right now.

Please reply to this E-mail and return it to Golden Egg Donation Inc with all your profile information as soon as possible. Thanks again!

Special notes to prospective donor:

Full Name (recipients will NOT see this):

PROFILE

Date of birth: _____

Are you adopted? ___YES ___NO

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Hair Color as child: _____

Hair Texture (curly/wavy/straight): _____

Baldness: ___YES ___NO

Baldness in Family: ___YES ___NO

Premature Graying: ___YES ___NO If yes, at what age _____

Skin Complexion (fair/medium/olive/dark): _____

Skin Condition: (oily/medium/dry/combo): _____

Bone Structure (small/medium/large): _____

Body and Facial Features (small/medium/large): _____

Tan Ability (none/easy/medium/freckle): _____

Dominant Hand (right/left/ambidextrous): _____

Vision (glasses/contacts/laser surgery/none): _____

Vision Quality (without corrective lenses): Poor Fair Good Excellent (circle one)

Hearing (without corrective aids): Poor Fair Good Excellent (circle one)

Blood Type: _____

Teeth (poor/fair/good/excellent): _____

Any periodontal or orthodontic work: ___YES ___NO If yes, at what age _____

Ethnic Origin (list countries): _____

Mother: _____

Father: _____

Religion: _____

Religion Born Into: _____

Have you ever been an egg donor before? ___YES ___NO

Pregnancies? ___YES ___NO

Number of children? _____

Academics

High School G.P.A.: _____

SAT/ACT score: _____

College: ___YES ___NO

Major: _____

G.P.A.: _____

Degrees: _____

Any learning disabilities or weaknesses in school? If yes, please describe:

Academic Strengths (i.e. math, reading):

Career goals:

Personal goals:

What have you accomplished so far?

What are some awards/achievements you are proud of?

Personality

Hobbies:

Artistic Abilities (i.e. musical, painting):

Sports/Athletics:

Favorite subject in school:

Favorite Books:

Favorite Movies:

Favorite Types of Exercise:

How would you describe yourself?

What would you say is your best personality trait?

What is your most unique quality?

Describe yourself as a child:

What did your parents teach you to value?

Is there a person alive or dead whom you admire and why?

Who was the most important influence on you and why?

Why do you want to be an egg donor?

What message would you like to pass on to the recipient(s) of your eggs?

Are you open to donating to a single person? ____YES ____NO

Are you open to donating to a gay person or gay couple? ____YES ____NO

Family:

PGF=Paternal Grandfather PGM=Paternal Grandmother

MGF=Maternal Grandfather MGM=Maternal Grandmother

Father

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____

Eye Color: _____

Complexion: _____

Mother

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____

Eye Color: _____

Complexion: _____

PGF

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____

Eye Color: _____

Complexion: _____

PGM

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____
Eye Color: _____
Complexion: _____

MGF

Age (living): _____
Age (time of death): _____
Cause of Death: _____
Weight: _____
Height: _____
Bone Structure: _____
Hair Color: _____
Eye Color: _____
Complexion: _____

MGM

Age (living): _____
Age (time of death): _____
Cause of Death: _____
Weight: _____
Height: _____
Bone Structure: _____
Hair Color: _____
Eye Color: _____
Complexion: _____

Sibling 1 (M/F)

Age (living): _____
Age (time of death): _____
Cause of Death: _____
Weight: _____
Height: _____
Bone Structure: _____
Hair Color: _____
Eye Color: _____
Complexion: _____

Sibling 2(M/F)

Age (living): _____
Age (time of death): _____
Cause of Death: _____
Weight: _____
Height: _____
Bone Structure: _____
Hair Color: _____
Eye Color: _____

Complexion: _____

Sibling 3(M/F)

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____

Eye Color: _____

Complexion: _____

Sibling 4(M/F)

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____

Eye Color: _____

Complexion: _____

Child 1

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____

Eye Color: _____

Complexion: _____

Child 2

Age (living): _____

Age (time of death): _____

Cause of Death: _____

Weight: _____

Height: _____

Bone Structure: _____

Hair Color: _____

Eye Color: _____

Complexion: _____

Mother's Occupation: _____
Mother's level of education: _____
Describe your mother's personality: _____

Father's Occupation: _____
Father's level of education: _____
Describe your father's personality: _____

Paternal Grandfather's Occupation: _____
Paternal Grandfather's level of education: _____
Describe your paternal grandfather's personality: _____

Paternal Grandmother's Occupation: _____
Paternal Grandmother's level of education: _____
Describe your paternal grandmother's personality: _____

Maternal Grandfather's Occupation: _____
Maternal Grandfather's level of education: _____
Describe your maternal grandfather's personality: _____

Maternal Grandmother's Occupation: _____
Maternal Grandmother's level of education: _____
Describe your maternal grandmother's personality: _____

Sibling 1 Occupation: _____
Sibling 1 level of education: _____
Describe your sibling 1 personality: _____
Number of children? _____
Sex of children? _____
Personalities? _____

Sibling 2 Occupation: _____
Sibling 2 level of education: _____
Describe your sibling 2 personality: _____
Number of children? _____
Sex of children? _____
Personalities? _____

Sibling 3 Occupation: _____
Sibling 3 level of education: _____
Describe your sibling 3 personality: _____
Number of children? _____
Sex of children? _____
Personalities? _____

Sibling 4 Occupation: _____
Sibling 4 level of education: _____
Describe your sibling 4 personality: _____
Number of children? _____
Sex of children? _____
Personalities? _____

Child 1 personality and special skills:

Child 2 personality and special skills:

How many blood siblings are in your immediate family (including yourself and half siblings)?

Number of Brothers _____
Number of Sisters _____
Number of Maternal Uncles _____
Number of Maternal Aunts _____
Number of Paternal Uncles _____
Number of Paternal Aunts _____

Any brothers or sisters that died in infancy or childhood? YES NO
If yes, what was the cause?

Do any members of your family have a history of learning disabilities or autism?
 YES NO If yes, please explain:

Genetic History

Race: Check all that apply for your ancestors

| | | | | | | | | | | | | |
|------------------|--------------------------|--------|--------------------------|--------|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| African American | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |
| Jewish | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |
| Mediterranean | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |
| Hispanic | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |
| Indian (India) | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |
| Southeast Asian | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |
| French Canadian | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |
| Cajun | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | MGM | <input type="checkbox"/> | MGF | <input type="checkbox"/> | PGM | <input type="checkbox"/> | PGF |

Have you or anyone in your family ever been tested positive as a carrier or had any of the following diseases?

| | | | | | | |
|---------------------|----|---------|---------------|------------|-------------|---------|
| Blooms Syndrome | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Canavan | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Cystic Fibrosis | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Fabry Disease | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Familial Dysautonia | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Familial Fever | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Fanconi Anemia | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Gaucher | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Niemann-Pick A | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Mucopolidosis IV | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Sickle Cell | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Tay-Sachs | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |
| Thalassemia | No | If yes: | ___disease___ | carrier___ | negative___ | unknown |

Is there anything else we should know about your family?

Personal and Family Medical History

(Please include yourself, mother, father, siblings, grandparents, aunts, uncles, and cousins)

Current allergies (food, pollen, bee stings, medications, etc.):

Childhood allergies you have outgrown:

Medical illnesses, such as asthma, diabetes, seizure disorders, etc.?

Do you have astigmatism (blurred vision due to an irregularity in the curvature of the cornea)? ___YES ___NO If yes, age diagnosed _____

Do you have any dietary restrictions?

Cancer

(including breast, colon or intestinal, lung, ovarian or uterine, prostate or testicular, skin, stomach, thyroid, blood (e.g. leukemia), other)

Heart

(including stroke, heart attack, heart disease, hardening of arteries, high blood pressure, high cholesterol level):

Blood

(including anemia, sickle-cell anemia, hemophilia or other bleeding problem, blood clots or strokes, leukemia, immune deficiency, lymphoma, HIV, thalassemia, polyarteritis nodosa, other blood disorders):

Respiratory

(including hay fever, asthma, emphysema, tuberculosis, lung cancer, pneumonia, cystic fibrosis, other lung diseases):

Gastro-intestinal

(including appendicitis, ulcer of stomach or duodenum, gall stones, hepatitis A (infectious), hepatitis B (serum), hepatitis C, cirrhosis of the liver, hemochromatosis, other liver diseases, colon cancer, ulcerative colitis, Crohn's disease, pyloric stenosis, rectal disorder, multiple polyps of the colon, inflammatory bowel disease, cystic fibrosis, intestinal cancer, any other problem of the digestive system):

Metabolic/Endocrine

(including diabetes mellitus, childhood diabetes, hypoglycemia, thyroid cancer, thyroid disease, goiter, adrenal dysfunction or disorder, metabolism disorder, hyperactivity, obesity, dwarfism):

Urinary

(including kidney disease, diseases of urinary tract (urethra, bladder, ureter), rectal disorder, polycystic kidneys, kidney stones):

Genital/Reproductive

(including uterine fibroids, hermaphroditism/ambiguous genitals, undescended testicle, hypospadias, prostate cancer, ovarian cysts, cancer of ovaries, pelvic inflammatory disease, endometriosis, breast cancer, multiple miscarriages, stillbirths, childhood deaths):

Reproductive Outcomes

(including 2 or more miscarriages, stillborn, premature menopause, death of a newborn infant, childhood death, birth defects, infertility, premature birth):

Neurological

(including migraines, mental retardation, senility before age 50, multiple sclerosis, cerebral palsy, multiple sclerosis, epilepsy, ADD/hyperactivity, autism / asperger's, hydrocephalus, tuberous sclerosis, disorder of spinal cord, Huntington's chorea, Gaucher's disease, myasthenia gravis, Wilson's disease, Creutzfeldt-Jacob disease, Alzheimer's disease, Parkinson's disease, neurofibromatosis, scoliosis, Tay Sachs, Canavan disease, tourette's syndrome, other diseases of nervous system):

Mental Health

(including anxiety/panic attacks, anorexia/bulimia/other eating disorders, schizophrenia, manic depressive, bipolar disorder, alcoholism, drug abuse/misuse/addiction, depression, suicide/attempted suicide, nervous breakdown, mental retardation, criminal convictions, or other disorders requiring hospitalization):

Muscular/Bones/Joints

(including muscular dystrophy, lupus, deformity of spine, osteoporosis, dwarfism growth problem, brittle bones, loss of muscle coordination, marfan syndrome, rheumatoid or juvenile arthritis, spinal muscular atrophy, hereditary low back disease/scoliosis, arthritis, gout, Lupus, Reiter's disease, myasthenia gravis, other chronic muscle disease):

Sight/Smell/Sound

(including deafness before age 60, deformity of the ear, cataracts before age 50, blindness, color blindness, severe myopia, glaucoma, retinoblastoma, retinitis pigmentosa, deviated septum, any other disorders):

Skin

(including acne, albinism eczema, skin cancer, excessive facial hair (Hirsutism), pigmentation disorders, psoriasis, neurofibromatosis, infectious skin disease, other skin disorders):

Congenital Abnormalities/Birth Defects

(including cleft lip/palate, congenital hip problems, club feet, heart defect, hearing problems, Spina Bifida (open spine), microcephaly, holoprosencephaly, other):

Chromosomal Abnormalities

(including down syndrome, Turner, Fragile X, other):

Other

(including alcoholism, drug abuse/misuse/addiction, premature degeneration of any organ system, any other condition):

Any other conditions not listed?