

# Elite Fertility Solutions

## Egg Donors Information Data

Donor **433**

Identifiable personal data  
not shown

Birthdate **6/11/1982** Age: **24**  
 Marital Status **Single** Years Married **0**  
 Number Children **0**  
 Child 1 Age **0** Child 2 Age **0** Child 3 Age **0**  
 Number Pregnancies **0** Blood Type **A+**

Hold 1   
 Hold 2   
 Hold 3

Taken:  Date:

Willing to travel

Travel out of state

### Outcomes

Fresh Frozen

Donor's Ethnicity	1	Positive	
Caucasion	1	Positive	
Father's Ethnicity 1	2	Negative	Cycle Pend
Polish	2	Negative	Cycle Pend
Father's Ethnicity 2	3	Positive	
Irish	3	Positive	
Mother's Ethnicity 1	4	Positive	
Polish	4	Positive	
Mother's Ethnicity 2	5		
Polish	5		

### Screening

Physical: **7/14/2004**  
 Bloodwork: **9/1/2005**  
 Therapy: **7/14/2004**  
 Questionnaire: **6/20/2006**

Height **5 ft.** **3 in.** Weight **109**  
 Eye Color **Blue** Complexion **Normal** Skin Color **Fair**  
 Hair Color **Blond** Hair Type **Straight** Right Left Ambi **Right**  
 Bone Structure **Small** Corrective Lenses  Other Features **great smile**

Occupation **student** Religion **Catholic**  
 Years School **3-4 years college** HS GPA  College GPA **3.8** SAT  ACT

Degree/Major **drug counseling and youth services** Notes

Hobbies **dance, piano, guitar water sports, painting, singing**



## OOCTYE DONOR SUITABILITY INTERVIEW

### **Donor #433, Age 21**

On March 31, 2004

Prepared Exclusively for Elite Fertility Solutions

#### **MENTAL STATUS AND APPEARANCE**

433 was late for our interview. There was some confusion about our scheduled appointment time. According to her appointment card, she was prompt for me, but 45 minutes late for her physical examination.

She was wearing tennis running shoes, jeans and a Roxy brown sweater. She was very cute and petite. Her hair is naturally medium blond (it gets blonder in the summer). It falls to her waist and is wavy and thick "for blond hair." It was pulled back off of her face and twisted up today.

433 had a small nose stud in one nostril and her ears are pierced. She also was wearing a silver necklace. She reported no tattoos.

433 was definitely an extrovert and was comfortable with the interview process. She had a very expressive face, filled with animation. She also appeared to have above average intellectual function.

#### **FAMILY UPBRINGING**

433 grew up in mid-California. Her parents are married and still live there. They met while they were in high school. Both of 433's parents are in their third year of college working on their B.A. degrees in Business. Her father and his cousin had owned a construction company and six or seven years ago an air conditioning unit fell on her father's shoulder. (He was a high school graduate.) 433's paternal grandparents are in excellent health. Up until two years ago, her grandmother was a water ski racer. 433's father is from German ancestry.

433's mother was a manager at a major grocery store chain. Her parent's live a few blocks away from 433's family. They are well over 80 years old and in good health. 433's mother is from Polish ancestry.

433 has a 23 year old sister who is attending college at a California State University campus. She recently got married and she and her husband just bought their first house.

“The wedding was really fun – it was three days before my birthday so we had a great family celebration for that too.”

433’s family is very close and she experienced a very loving, stable background.

## **INTERESTS, EDUCATION, EMPLOYMENT**

433 grew up on a ranch, surrounded by animals. “My family was big on water sports since the lake was right there too.” They did a lot of camping and were very athletic. “It was a really safe neighborhood – my best friend lived next door to me.”

433 attended Catholic Parochial school through the third grade. She then transferred to the public sector. “I loved English, History and Art. I didn’t really like Math. I could do it, but it wasn’t a favorite subject.” She maintained a 3.5 grade point average.

433 was very, very active in high school. She played volleyball, was the point guard on the basketball team, ran track and cross country and participated in a swimming program in the summer. She was a member of the Key Club, served on the ASB Board, was a member of the Thespian Theatre Troupe and active in the Peer to Peer Conflict Management Group. She was also very involved in an organization which focused on drug prevention seminars, activities and was (is) a state-wide program. 433 was awarded for her dedication to these causes with “lots” of community service awards, sports awards.

433 also worked in a Pizza Restaurant for three year while in high school.

433 graduated from high school early and then enrolled in a community college. She also moved to live with her Aunt and Uncle in a different community to work as a Nanny for them with their baby.

433 continued her affiliation with the Drug Prevention Group and was hired as a counselor and co-ordinator for them. She worked in school districts presenting programs for this non-profit organization. She was transferred to another area of California where she wasn’t happy. “It wasn’t a safe neighborhood.”

Since June, 433 has lived in Southern California. She is taking a break from school and also isn’t working. (She lives with her fiancé.) She is still very close to her parents. “We talk all the time.”

## **LONG TERM GOALS**

433’s goal is to be a high school guidance counselor and also be a motivational speaker. She would like to get a drug counseling credential. “This is a huge part of my life and I want to stay involved.” She also plans to get married and have children, eventually.

## **MEDICAL HISTORY, LEGAL ACTION, PSYCHOLOGICAL COUNSELING**

433 is 5'3 ½" and weighs 109 pounds. Her weight fluctuates somewhat, depending on how involved she is in sports. She works out regularly and has a wonderful, petite, tight figure.

She has not had any surgery. The only medication reported was birth control pills and 433 is aware she might have to change the type or brand and abstain from having intercourse during part of the protocol if she is selected as an egg donor. She has not worn braces. 433 has never had acne, asthma, allergies, a learning disability or eating disorder. She has a beautiful complexion.

She was 11 or 12 when she began menstruating. She has never contracted a sexually transmitted disease or been pregnant.

There is no medical condition in 433's family history. .

She has never been involved in any type of law suit. She saw a counselor two years ago to "deal with moving. I think getting some processing help is good thing to do if a person feels stress." She has never been on any type of medication for anxiety, depression or stress. "I just went in for a few sessions. It was my job to process things for everyone else but I didn't for myself. This was a good outlet for me."

## **RELATIONSHIPS**

433 had her first serious relationship when she was 18 or 19. They dated for 2 years and became sexually active right before she turned 20.

For the last 10 months she has been involved with her fiancé. He is a professional ice hockey player and they've known each other since high school. He has a full time job at a hockey rink and they both saved money prior to moving here, which has meant she doesn't have to immediately find work.

She and her fiancé want to be financially stable before they get married. Both sets of parents are "fine with it."

Her first boyfriend and current fiancé have been her only two partners. She has not had any homosexual experiences.

## **ALCOHOL AND DRUG USAGE**

There is no family history of drinking or substance abuse in 433's immediate family. An Uncle on her father's side attended AA meetings. Some members of 433's family will drink socially, but not to excess.

She has "never" done any type of drugs nor smoked cigarettes.

"I was an altar girl. When we had to drink the wine I would let the goblet touch my lips, but not even lick them."

## **RELIGIOUS AFFILIATION**

433's family is Catholic. She is aware the Catholic Church is not in favor of egg donation. "My Mom actually suggested my being an egg donor. I'm doing this as my charity for Lent. Being Polish and Catholic is part of my culture – my family focuses on what's right for us – the Church doesn't control us."

## **SOCIAL SUPPORT SYSTEM**

433 mentioned her fiancé, parents and sister as her major support systems. She and her fiancé "were always friends. I visited him and we fell in love. His Aunt lives a few miles from us and she brought me here."

## **SELF-DESCRIPTION**

"I'm very extroverted and outgoing. I'm very nurturing and athletic. I'm confident and feminine – but not really girly, girly. I'm very open indeed and trustworthy. It's hard to describe myself."

"I've always been very close with my family. I would go to my Mom's grandparents and clean their house. I had lots of friends and was very popular. I have very patient and support parents."

## **TRAUMATIC OR WONDERFUL LIFE EXPERIENCES NOT YET DISCUSSED**

When 433 was 17 years old, one of her friends died of cancer and this was traumatic.

"The most important thing in my life is knowing I've been clean and sober my whole life and that I'm very close to my family."

## **REASONS FOR AND RAMIFICATIONS OF DONATING**

433's Uncle's wife was an egg donor recipient. "Now we have this adorable cousin. It was an amazing experience for them."

Most of 433's family knows she is pursuing this and are supportive, as is her fiancé. "There have been no negative reactions."

433 will use the compensation to "alleviate some debt."

433 has no concerns about her DNA being in another family. "I think it's great. I have open communication with my Mom. My body is free of drugs and alcohol. I feel extremely honored to be a part of this."

She feels telling any children about her role in the process is "not important." However, it "would be no problem if I were sought out. It would be cool. I'd probably have my own kids by then. I wonder how people do act if that happens."

If 434 suffers from infertility when and if she tries to have children, "This would be the place to go. I really don't have concerns about it."

Regarding the recipient's sexual orientation and/or marital status, 433 has no preference.

433 understands completely what will be expected of her. "Sheryl was very thorough and did a great job explaining it." She has no needle anxiety.

She understands that once retrieved, her eggs become the property of the recipients and they will be making autonomous decisions regarding their use. 433 "would like to know if they get pregnant...and also be told if there was any type of genetic defect for some strange reason." I explained that the recipients would need to consent to this information being shared with her and she needed to discuss this with Sheryl.

433 has a very flexible schedule right now. She is "getting trained to do insurance for a legal firm and I have very flexible hours." No vacations are planned.

433 is not currently involved with any other egg donor program and understands EFS's request to affiliate exclusively with them.

She felt there were no psychological risks to her now or in the future. "I've talked to my Mom about this and it makes me feel like a better person....not that it would damage me substantially."

She would be willing to travel if requested to do so.

## **QUESTIONS FOR ME**

There were no questions for me.

## **SUMMARY**

433 is a bubbly, friendly extrovert who clearly understands the egg donor process. Her life experience includes an Uncle and Aunt who have a child with the help of an egg donor. She views this as a giving act and is very excited to have a part in this process.

She has an exceptionally strong support system, all of whom salute her decision to donate her eggs.

She is an exceptionally strong candidate.

Ellen Winters Miller, M.A.,M.F.T.  
April 15, 2004



OVUM DONOR PROFILE  
MEDICAL HISTORY

**PERSONAL PROFILE**

Name: \_\_\_\_\_ Age: 21 Race: Polish  
 Date of Birth: 6/11/82 Blood Type: \_\_\_\_\_ RH Factor: \_\_\_\_\_ Citizenship: US  
 Marital Status: Single Height: 5'4 Weight: 109  
 Sexual Orientation:  Heterosexual  Homosexual  Bi-sexual  
 Maternal EthnicAncestry/Religion: Catholic  
 Paternal EthnicAncestry/Religion: Catholic  
 Religion: Catholic Practicing?  N Native Tongue: Polish

**NATURAL HAIR COLOR:**

- Blond
- Brown
- Black
- Auburn
- Red
- Strawberry Blond
- Grey
- Other

**EYE COLOR:**

- Blue
- Brown
- Green
- Grey
- Hazel
- Black
- Other

**COMPLEXION:**

- Fair
- Medium
- Dark

**TANNING ABILITY:**

- No ability to Tan
- Slight ability to Tan
- Moderate ability to Tan
- Tan Very Easily

**NATURAL HAIR TEXTURE:**

- Straight
- Slightly Wavy
- Wavy
- Curly
- Very Curly

**PHYSICAL BUILD:**

- Very Light
- Light
- Medium
- Heavy
- Very Heavy

**PREDOMINANT HAND:**

- Left
- Right
- Ambidextrous

**Distinguishing Characteristics:**

- Freckles (Light, Moderate, Heavy) light Location: face, neck, back, arms
- Dimples Location corners of my mouth (inside smile line)
- Cleft Chin (Small, Medium, Large) \_\_\_\_\_
- Birth Mark (s) Location/Type: left leg. very small. looks like a ladybug.
- Birth Defects (Even if minor or correctable) Describe: \_\_\_\_\_
- Moles/Warts Location/Type: 1 mole on my neck
- Thinning Hair: Location: \_\_\_\_\_
- Other: \_\_\_\_\_

Donor # 433

Briefly explain your personal reasons for wanting to be an egg donor: My aunt was a  
and now I have a beautiful Cousin. its also a part of my Lent  
Charity

Would you like to meet your recipient? Yes  No

Explain: give them a big hug & tell them how happy I am for them.

What would your response be if the prospective parents want to meet or speak with you? (above)  
ask them if they wanted to know anything else.

What qualities do you consider to be most important in choosing to work with prospective  
parents? 100% pure. NO drugs. NO alcohol. I love my life. I love my family.

Do you have any expectations about being an egg donor? Yes  No   
Clear skin, Straight teeth, good heart.

Please explain: help provide a successful pregnancy.

Do you have any special requests for the recipient you want to donate to? Yes  No

Please explain: if you have any questions about me, feel free to ask.

How does your family feel about you being an egg donor? my mother suggested it.  
My family is very supportive. They think its wonderful.

State any facts which might adversely affect a recipient couple's decision to work with you as  
donor? Height

During the egg donation process, who can you expect to receive emotional support from:

Husband, boyfriend or significant other?  N Children? Y  N Friends or co-workers?  N

Parents?  N Siblings?  N

Is your husband/partner aware of his responsibilities in the medical process and is he willing to  
cooperate?  N

Have you ever been a surrogate or an egg donor? Y  If yes, when and where? \_\_\_\_\_

Do you have any concerns about becoming an egg donor? NO. I'm very aware ~~about~~  
the entire process.

If there is one thing you would like to tell your recipient (s), what would that be? I am  
honored to be a part of this process. My #1 reason why I've  
never used drugs & alcohol specifically is to have  
perfect, beautiful healthy children.

Are you willing to take health related tests at the expense of the prospective parent (s) (STD's, drugs, emotional health, etc)  N

Please list any significant illnesses you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any hospitalizations and/or operations you have had and the approximate year they took place? \_\_\_\_\_

\_\_\_\_\_

Were you or your parents adopted? Y  N If yes, what do you know about your biological medical history? \_\_\_\_\_

\_\_\_\_\_

Please describe your character (personality): Outgoing, Very optimistic, Charismatic, Sophisticated, Spontaneous, Inquisitive, adaptable, Nurturing, Caring, Spirited, open minded

Please list any clubs, organizations, hobbies, interests, sports teams, activities, etc. you are in involved in:

In high school I was in Key Club, Student government & Asb, Link Crew & Friday Night Live (drug prevention) I also participated in School plays.

Please describe any special skills, talents, and abilities you have: Small & large group

facilitation skills. I'm a prevention youth coordinator & work in school districts (High/Jr. High) I love to sing, dance & play guitar.

What is your ultimate ambition or goal in life (personal and career): Become a motivational

speaker, High School guidance counselor, and mother.

**PERSONAL CHARACTERISTICS**

(Please describe in some detail)

Math Skills/Ability: AverageMechanical Skills: Above AverageAthletic Skills (type sports, etc): volleyball, basketball, track, swimming, kick boxing, dancing. (Ballet, Jazz)What is your favorite sport? DancingMusical Skills: I play piano, guitar & Bass. I sing & write/compose music.What is your favorite type of music? Dave Matthews, Beatles, Elvis, Norah JonesWhat languages do you speak? English, Polish, Spanish (learning Italian)Special Hobbies/Talents: dancing, scrap booking, writing, guitar, cookingDescribe your artistic abilities: I'm very Creative. I love Scrap booking. I paint with oil pastels & acrylics & water colors. I compose music with my guitar & piano.What are your favorite foods? Sushi! I love Chocolate. My moms lasagna  
vegetarianWhat is your favorite color? RedDo you like pets? If so, which is your favorite? yes. I grew up in Shasta on a Ranch. My favorite pet, is dogs. Australian shepherds, colliesTo where would you most like to travel and why? My grandparents have traveled the world. They've been to every Continent. My Grandmother Always told me beautiful stories about Italy & the isle of Capri. That's why I'm learning Italian. I want to go so bad. I've never been out of the country.

**PERSONAL HEALTH HISTORY**

Do you currently have any allergies?  Yes  No

If yes, are they to:  Food  Drugs  Plants  Other

Please list specific substances and reaction(s) produced:

Substance: poison oak Reaction: rash

Substance: \_\_\_\_\_ Reaction: \_\_\_\_\_

Substance: \_\_\_\_\_ Reaction: \_\_\_\_\_

Describe all childhood allergies you had: \_\_\_\_\_  
\_\_\_\_\_

Your diet (check one):  Good  Fair  Poor

Any dietary restrictions? \_\_\_\_\_

Dietary supplements (vitamins, etc.)? Vitamin E, Superfood, Vitamin C

How much exercise do you get?  Regularly  Occasionally  Rarely

Type of exercise: Yoga, Running to the Beach, Kick boxing, Swimming.

Have you ever had surgery?  Yes  No

If yes, please list all surgeries, if breast augmentation was done, please list natural size:

- 1. \_\_\_\_\_ Year \_\_\_\_\_
- 2. \_\_\_\_\_ Year \_\_\_\_\_
- 3. \_\_\_\_\_ Year \_\_\_\_\_
- 4. \_\_\_\_\_ Year \_\_\_\_\_

Have you had any hospitalization not already mentioned?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HEALTH HISTORY (continued)**

**Weight:** Usual 109 LBS. Recent Loss or Gain? NO

**Teeth:**  Excellent  Good  Fair  Poor

**Vision:**  20/20

**Corrective Lenses:**  Mildly Nearsighted  Moderately Nearsighted  Severely Nearsighted

Mildly Farsighted  Moderately Farsighted  Severely Farsighted

Please explain any vision problems that were caused by an injury or accident? \_\_\_\_\_

**Hearing:**

Normal

Slightly Impaired (Explain): \_\_\_\_\_

Moderately Impaired (Explain): \_\_\_\_\_

Severely Impaired (Explain): \_\_\_\_\_

Please explain any hearing problems caused by injury or accident: \_\_\_\_\_

**Additional:**

Plastic Surgery NO

Corrective Surgery NO

Reconstructive Surgery NO

Elective Surgery NO

**Other:**

Please indicate any additional health information which may be important: I've always had clear skin. I've never had acne. I've never worn braces. I have straight toes. I don't get sick often, very strong immune system.

**PERSONAL HEALTH HISTORY (continued)**

Have you ever been told you have a learning disability?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any siblings with learning disabilities?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever taken an IQ test?  Yes  No

If yes, date of test and score: \_\_\_\_\_

Are you willing to take an IQ test?  Yes  No

**Intelligence/Education:**

Junior High      What was your high school GPA? 3.8      What was/is your college GPA? 3.9

High School      What was/is your college major? drug counsellor

Some College      In which subjects did you receive the highest grades? English, Art, History

AA      What was your SAT score? \_\_\_\_\_ ACT score? \_\_\_\_\_ Verbal? \_\_\_\_\_ Math? \_\_\_\_\_

BS / BA

MS / MA / MBA

PHD / MD / JD

Trade School

Apprenticeship

Post Graduate:      1      2      3      4      5+      GPA \_\_\_\_\_ Major \_\_\_\_\_

Degrees Attained:      M.A.      M.S.      Ph.D.      M.D.      J.D.      D.D.S.      Other \_\_\_\_\_

Have you ever had a pap smear?  Yes  No

If yes, result: Normal

Date of last pap smear: July (normal)

Have you ever been refused as a blood donor?  Yes  No

If yes, explain: \_\_\_\_\_

**PERSONAL HEALTH HISTORY (continued)**

Have you had major x-ray exposure or other radiation exposure  Yes  No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been treated for a sexually-transmitted disease?  Yes  No

If yes, please explain what type, when and details: \_\_\_\_\_  
 \_\_\_\_\_

Please indicate with a check mark whether you have ever had:

	YES	NO	UNSURE		YES	NO	UNSURE
Diabetes	___	<input checked="" type="checkbox"/>	___	Aids	___	<input checked="" type="checkbox"/>	___
Phychiatric Disorders	___	<input checked="" type="checkbox"/>	___	Liver Disease	___	<input checked="" type="checkbox"/>	___
Blood Transfusion	___	<input checked="" type="checkbox"/>	___	Renal Disease	___	<input checked="" type="checkbox"/>	___
Prolonged Fever	___	<input checked="" type="checkbox"/>	___	Tuberculosis	___	<input checked="" type="checkbox"/>	___

Explain any "yes" answers to the above questions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever served overseas in the military?  Yes  No

If yes, please describe and give date of service: \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL HEALTH HISTORY (continued)**

Please list the following information on any drugs used presently or in the past

Type of Drug	When last used	Frequency	Amount
Marijuana	_____	_____	_____
Cocaine	_____	_____	_____
PCP (Angel Dust)	_____	_____	_____
LSD	_____	_____	_____
Heroin	_____	_____	_____
Amphetamines (uppers)	_____	_____	_____
Barbiturates (downers)	_____	_____	_____
Mushrooms	_____	_____	_____
Ecstasy	_____	_____	_____
Anti-Anxiety Drugs	_____	_____	_____
Anti-Depressants	_____	_____	_____

Have you ever received treatment for drug and/or alcohol abuse?  Yes  No

If yes, please indicate: I've never used drugs or alcohol.

Have you ever been arrested and/or convicted of a crime/felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been under the care of a psychiatrist? (Hospitalization, medication, on-going therapy?)

Yes  No If yes, please explain: \_\_\_\_\_

Are you presently under a physician's care for any reason?  Yes  No

If yes, please describe: \_\_\_\_\_

**PERSONAL HEALTH HISTORY (continued)**

Current medications or treatments (include vitamins, aspirin, antacids, laxatives, etc.)

Medication	How Often	Reason
<u>vitamins</u>	<u>daily</u>	<u>stay healthy</u>
<u>midol</u>	<u>once a month</u>	<u>period cramping</u>
_____	_____	_____
_____	_____	_____

Please list any prescription, non-prescription, or recreational drugs that you have used or are currently using. Describe your use as indicated below.

Name of Drug	Date Started	Date Ended	Frequency of Use	How Used?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many drinks per average a week do you consume? 0! Never drank

Have you ever had a drinking problem?  Yes  No

If yes, please describe \_\_\_\_\_

Do you smoke cigarettes?  Yes  No

If yes, how many packs per day? \_\_\_\_\_

How long have you been smoking regularly? \_\_\_\_\_

Do you drink coffee?  Yes  No

If yes, how many cups per day? \_\_\_\_\_

**REPRODUCTIVE HEALTH HISTORY**

The following questions require knowledge about your medical history and your family's medical history. You might wish to have your mother or father assist you in obtaining information concerning grandparents or cousins.

Donor	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Anorexia/Bulimia	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Asherman's Syndrome	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
HIV Exposure	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Chlamydia	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
DES Exposure	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Endometriosis	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Genital Herpes	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Venereal Warts	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Hepatitis	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Gonorrhea	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Hysterectomy	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Infected Tubes or Ovaries	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Ovarian Cancer	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Ovarian Cysts	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Ovarian/Uterine Tumor	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Pelvic Inflammatory Disease	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Removal of Ovary (ies)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Removal of Tubes	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Syphilis	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	_____
Other	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____

How many times have you been pregnant? 0 Please list the approximate dates: \_\_\_\_\_

Please list the age, sex and general health condition of each of your children: \_\_\_\_\_

Were all of your children born healthy? Y N N/A If not, please explain: \_\_\_\_\_

**REPRODUCTIVE HEALTH HISTORY (continued)**

Were any of them born at an extremely high or low weight? ~~Y~~  N/A If yes, please explain: \_\_\_\_\_

Do you have legal and physical custody of all of the above children? Y N  N/A If not, please explain: \_\_\_\_\_

Have you ever failed to carry a pregnancy to full term? Y N  N/A If yes, please explain: \_\_\_\_\_

Please check any of the following you've experienced with any of your pregnancies:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Gestational Diabetes       | <input type="checkbox"/> Caesarian Section | <input type="checkbox"/> Elective Termination (# _____) |
| <input type="checkbox"/> Toxemia                    | <input type="checkbox"/> Premature Birth   | <input type="checkbox"/> Miscarriage (# _____)          |
| <input type="checkbox"/> Placenta Previa            | <input type="checkbox"/> Still Birth       | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Physician Ordered Bed Rest | <input type="checkbox"/> Ectopic Pregnancy | <input type="checkbox"/> None                           |

Please explain the circumstances of each: \_\_\_\_\_

Did any of your pregnancies take longer than 6 months to conceive? Y N  N/A If yes, please explain: \_\_\_\_\_

Did you need any medical assistance to conceive your children? Y N  N/A If yes, please explain: \_\_\_\_\_

Has anyone in your family had difficulty in achieving a pregnancy? Y  N/A If yes, please explain: \_\_\_\_\_

**SEXUAL ACTIVITY QUESTIONNAIRE**

In order to provide safe and effective care for our recipients, we need to know about your sexual activity. This information is strictly confidential. Thank you for your cooperation.

Please indicate with whom you have had sexual contact in the past 5 years:

Women Only       Men Only       Both

Do you currently have more than one sexual partner?       Yes       No

How many sexual partners have you had in the last 5 years? 2

How many sexual partners have you had in the past 12 months? 1

Have you had casual sexual contact with persons you do not know?       Yes       No

If you and/or your partner (s) use a method of birth control, which type (s) do you use? Condom/ortho evera

Do your sexual practices include the ejaculation of semen?       Yes       No

If yes, do you or your partner (s) use some type of protection?       Yes       No

If yes, what type do you/your partner (s) use? Condom

Do your sexual practices include the exchange of bodily fluids/substances other than semen, i.e. urine feces, etc?

Yes       No

If yes, please explain: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have any of your sexual partners had symptoms of infections or recurring problems such as trichomonas, chlamydia, bladder infection or herpes?       Yes       No

If yes, please explain: \_\_\_\_\_

In the past 5 years, have you had sexual contact with anyone in high risk groups for A.I.D.S.? These include intravenous drug users, recipients of blood products/transfusions, Haitian Immigrants and sexually active gay or bisexual men.       Yes       No

If yes, please explain: \_\_\_\_\_

To your knowledge have any of your sexual partners in the last 5 years been sexually active with anyone in the high risk groups for A.I.D.S.?       Yes       No

If yes, please explain: \_\_\_\_\_

Is there any additional information you would like to share regarding your sexual practices? I have only had 2 sexual partners, used protection with Both

## A.I.D.S. QUESTIONNAIRE

Acquired Immune Deficiency Syndrome (A.I.D.S.) is a life-threatening disease that damages the immune system of otherwise healthy persons. Researchers believe that A.I.D.S. is caused by an infectious agent, most likely a virus. Evidence is strong that A.I.D.S. is transmissible through intimate sexual contact involving the exchange of bodily fluids. People in currently establish high risk groups for A.I.D.S. include:

- Intravenous drug users
- Sexually active gay and bisexual men
- Blood product/transfusion recipients
- Haitain immigrants
- Persons with sexual partners in high risk groups for A.I.D.S.

Many of the symptoms associated with A.I.D.S. are similar to those found with colds, bronchitis and stomach flu. The important differences that characterize A.I.D.S. symptoms are their duration, disappearance, recurrence and severity.

We ask that you fill out the questionnaire below as part of your health screening. Indicate whether any of these conditions apply to you. For our purposes, "persistent" means longer than two consecutive weeks.

	YES	NO
Unexplained, increasing and persistent fatigue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Periodic or regular fevers, chills and/or night sweats not accompanied by a known illness and lasting longer than several weeks.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weight loss that is unexplained and greater than approximately 10 lbs. in less than two months.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unexplained swollen glands (enlarged lymph nodes with or without pain, usually in the neck , armpits or groin, lasting for more than two weeks.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pink to purple flat or raised blotches, or bumps (not bruises), usually painless, occurring on or under the skin, inside the mouth, nose, eyelids or rectum.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Persistent white spots of unusual blemishes in the mouth	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Persistent diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Persistent or frequent dry cough that is not from smoking and has lasted too long to be from a usual respiratory infection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shortness of breath or difficulty in breathing while walking, which is recent and getting worse.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>In the past 5 years have you:</b>		
Lived in or visited Haiti?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Injected yourself or been injected with recreational drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Received a transfusion of blood or blood product?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Received a hepatitis B immune globulin injection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: \_\_\_\_\_

433

**GENETIC HISTORY**

Are there any known genetic conditions or birth defects in your family?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Were you born with any birth defects (e.g., heart defect, cleft lip or palate, club feet)?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**ANCESTRY**

Are you of Jewish ancestry?  Yes  No  Unknown

If yes, have you been tested as a carrier of Tay Sachs Disease?  Yes  No

Result:  Carrier  Not Carrier  Unknown

Are you of Black ancestry?  Yes  No  Unknown

If yes, have you been tested as a carrier of Sickle Cell Disease?  Yes  No

Result:  Carrier  Not Carrier  Unknown

Are you of Mediterranean (Greek or Italian) ancestry?  Yes  No  Unknown

If yes, have you been tested as a carrier of Thalassemia?  Yes  No

Result:  Carrier  Not Carrier  Unknown

### FAMILY HISTORY

Has any member of your family, including yourself, has a problem or defect at birth in any of the following body systems?

- Organ (heart, lung kidney, etc.)       Yes       No
- Blood circulation       Yes       No
- Respiratory system       Yes       No
- Gastrointestinal system       Yes       No
- Genital/Urinary       Yes       No
- Metabolic (hormones, enzymes, etc)       Yes       No
- Nervous system , brain, spinal cord       Yes       No
- Bones, muscles, joints, limbs       Yes       No
- Other: \_\_\_\_\_       Yes       No

If yes to any of the above, please list the specific defect in each case.

Type of Birth Defect: \_\_\_\_\_

\_\_\_\_\_

Affected Family Member (s): \_\_\_\_\_

\_\_\_\_\_

Relevant Circumstances: \_\_\_\_\_

\_\_\_\_\_

Do you have any brother or sisters who died in infancy of childhood?       Yes       No

If yes, what was the cause? \_\_\_\_\_

Are there any diseases or abnormalities that appear to run in your family?       Yes       No

If yes, please indicate the disease (s) and the family member affected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relatives	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins	
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M
Please indicate the number of each in the blank boxes:	1	1	1		1	1	1	1	2	2	1	2	0	2		7

Please indicate (by a checkmark) which of the following medical problems you or one of your family members have had:

Medical Problem	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No One
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
<b>1. Heart</b>																	
a. Heart disease or defect																	
1. from birth																	
2. other																	
b. heart attack (age)																	
c. hardening of arteries									x(A)								
d. high blood pressure																	
e. heart murmur																	
<b>2. Blood</b>																	
a. anemia																	
b. sickle-cell anemia																	
c. hemophilla/bleeding																	
d. leukemia																	
e. immune deficiency																	
f. other blood disorder																	
<b>3. Respiratory (lungs)</b>																	
a. hay fever																	
b. asthma																	
c. emphysema																	
d. tuberculosis																	
e. lung cancer																	
f. pneumonia																	
g. other lung disease																	

If neither you or any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in each box in the far right column, labeled "No one."

**FAMILY HISTORY (continued)**

Please indicate (by a checkmark) which of the following medical problems you or one of your family members have had:

Medical Problem	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No One	
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>4. Skin</b>																		
a. acne												X						X
b. eczema																		
c. skin cancer																		
d. pigmentation disorder																		
e. melanoma																		
f. other disorders																		
<b>5. Gastro-Intestinal</b>																		
a. ulcer/duodenum																		
b. gall stones								X										
c. hepatitis (A)																		
d. hepatitis (B)																		
e. cirrhosis																		
f. other liver disease																		
g. colon cancer																		
h. ulcerative colitis																		
i. Crohn's disease																		
j. cystic fibrosis																		
k. intestinal cancer																		
l. other disorder																		
<b>6. Urinary</b>																		
a. kidney disease																		
b. other urinary disease																		

If neither you or any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in each box in the far right column, labeled "No one."

**FAMILY HISTORY (continued)**

Please indicate (by a checkmark) which of the following medical problems you or one of your family members have had:

Medical Problem	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No One
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
<b>7. Genital/Reproductive</b>																	
a. undescended testicle																	
b. hypospadias																	
c. prostate cancer																	
d. uterine fibroids																	
e. ovarian cysts																	
f. cancer (cervix, ovaries or uterus)																	
g. other																	
<b>8. Metabolic/Endocrine</b>																	
a. diabetes mellitus																	
b. hypoglycemia																	
c. thyroid cancer																	
d. thyroid disease (high/low)																	
e. goiter																	
f. adrenal dysfunction																	
g. obesity																	
h. AIDS																	
i. tay sachs																	
j. other																	
<b>9. Neurological</b>																	
a. migraines																	
b. mental retardation																	
c. senility before age 50																	
d. Alzheimers disease																	

If neither you or any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in each box in the far right column, labeled "No one."

**FAMILY HISTORY (continued)**

Please indicate (by a checkmark) which of the following medical problems you or one of your family members have had:

Medical Problem	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No One	
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>9. Neurological (cont'd)</b>																		
e. multiple sclerosis																		
f. cerebral palsy																		
g. epilepsy/seizures																		
h. hydrocephalus																		
i. spinal cord disorders																		
j. Huntington's disease																		
k. Gaucher's disease																		
l. Wilson's disease																		
m down's syndrome																		
n. Spina Bifida																		
o. paralysis																		
p. stroke (age)																		
r. other disorders																		
<b>10. Mental Health</b>																		
a. schizophrenia																		
b. manic depressive illness																		
c. ADHD/ADD																		
d. autism																		
e. dyslexia																		
f. hyperactivity																		
g. learning disability																		
h. speech problem																		
i. other mental health disorders requiring hospitalizaion																		

If neither you or any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in each box in the far right column, labeled "No one."

**FAMILY HISTORY (continued)**

Please indicate (by a checkmark) which of the following medical problems you or one of your family members have had:

Medical Problem	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No One	
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>11. Muscles/Bones/Joints</b>																		
a. muscular dystrophy																		
b. cerebral palsy																		
c. lupus																		
d. deformity of spine																		
e. osteoporosis																		
f. dwarfism																		
g. hereditary low back disease																		
h. arthritis																		
i. gout																		
j. other disease																		
<b>12. Sight/Sound/Smell</b>																		
a. deafness before age 60, birth/child																		
b. significant hearing loss																		
c. deformity of ear																		
d. cataracts before 50																		
e. blindness																		
f. color blindness																		
g. glaucoma																		
h. deviated septum																		
i. eye disease																		
j. retinal blastoma																		
k. crossed eye																		
i. other disorder																		

If neither you or any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in each box in the far right column, labeled "No one."

**FAMILY HISTORY (continued)**

Please indicate (by a checkmark) which of the following medical problems you or one of your family members have had:

Medical Problem	Mother	Father	Siblings		Grandparents				Aunt		Uncle		Mat. Cousins		Pat. Cousins		No One	
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
<b>13. Other</b>																		
a. alcoholism																		
b. drug abuse, misuse or addiction																		
c. breast cancer																		
d. cancer (any tyoe)																		
e. birth deformities																		
f. cleft lip or palate																		
g. age and cause of passing																		
h. glasses/contacts		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
i. any other condition																		

If neither you or any of your family members are affected by any of the medical problems listed above, please be sure you put a checkmark in each box in the far right column, labeled "No one."

Please list if more than one family member has had the same illness: \_\_\_\_\_

Comments regarding any of the above questions my entire family is involved in water ski racing & tri-athalons, etc. We are a very close family. My Great Grandmother lived until she was 99. My entire family on both sides has always been really healthy. Altimers does not run in my family. We are all very priviledged & well off. Everyone in my imeadiate family is still married. I have 1 cousin who is devorced, and one uncle.

## EXTENDED FAMILY PROFILES (Continued)

**BIOLOGICAL (or half) SIBLING OF SURROGATE/OVUM DONOR: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_**Year of birth: 19 80 Place of birth: Redding, CaRace: Polish, German Ethnic Ancestry: Polish, GermanHeight: 5'3" Normal Weight 115 lbs Eye Color: Hazel Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Brown Type: (Curly, Wavy, Straight, etc.) StraightCondition of Hair: (Balding, Thinning, Average, Thick, etc.) AverageComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) medium Location: Shoulders, BackPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) MediumOccupation: Teacher/Nurse Education: BASpecial Skills, Talents, Abilities: Athletic, Water Sports, Singing, dancing, interior decoration

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Optimistic, Nurturing, Kind, protective, Assertive,

Number of Children: \_\_\_\_\_ Male \_\_\_\_\_ Female

**BIOLOGICAL (or half) SIBLING OF SURROGATE/OVUM DONOR: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_**

Year of birth: 19 \_\_\_\_\_ Place of birth: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_

Height: \_\_\_\_\_' \_\_\_\_\_" Normal Weight \_\_\_\_\_ lbs Eye Color: \_\_\_\_\_ Corrective Lenses: ?  Y  N  Reading Glasses

Natural Hair Color: \_\_\_\_\_ Type: (Curly, Wavy, Straight, etc.) \_\_\_\_\_

Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_

Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  Easy

Freckles: (Light, Medium, Heavy?) \_\_\_\_\_ Location: \_\_\_\_\_

Physical Build: (Very Light, Light, Medium, Heavy, Very Heavy) \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Special Skills, Talents, Abilities: \_\_\_\_\_

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) \_\_\_\_\_

Number of Children: \_\_\_\_\_ Male \_\_\_\_\_ Female

Donor # 433

Is there anything you consider important that was not covered in this form? I'm an absolute neat freak. Everything has to be neat & organized. I can't stand a messy room or apartment. (my boyfriend hates it.) I hate wet bathroom floors. But, I have a lot of patients and love teaching others new things. I don't consider myself girly, but still soft & feminine. I've always been told by others that I have a good soul & caring heart. I am a 'born leader.' I love my family. We are as close as it gets.

DONOR MEDICAL AND GENETIC HISTORY CERTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE ACCOUNT OF MY MEDICAL, GENETIC, AND FAMILY MEDICAL HISTORY, UNDER PENALTY OF PERJURY.

DATE: 3/28/04

DONOR APPLICANT

DATE: 3/28/04

WITNESS: \_\_\_\_\_

## EXTENDED FAMILY PROFILES

433

**BIOLOGICAL MOTHER OF SURROGATE/OVUM DONOR:**Year of birth: 19 60 Place of birth: Shasta County (Redding, ca)Race: Polish Ethnic Ancestry: PolishHeight: 5' 4" Normal Weight 129 lbs Eye Color: Blue Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blond Type: (Curly, Wavy, Straight, etc.) WavyCondition of Hair: (Balding, Thinning, Average, Thick, etc.) AverageComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) light Location: ShouldersPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) Medium/lightOccupation: Stay home mom Education: BASpecial Skills, Talents, Abilities: Painting, Singing, Gardening, Cooking, Golfing, Swimming, Crafts, Writing

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Optimistic, generous, loving, kind, nurturing, spontaneous, outgoing, Charismatic, protective, open mindedNumber of Children: \_\_\_\_\_ Male 2 Female**BIOLOGICAL FATHER OF SURROGATE/OVUM DONOR:**Year of birth: 19 59 Place of birth: Culver City, CaRace: German, Polish Ethnic Ancestry: GermanHeight: 5' 6" Normal Weight 155 lbs Eye Color: Hazel Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Brown Type: (Curly, Wavy, Straight, etc.) StraightCondition of Hair: (Balding, Thinning, Average, Thick, etc.) AverageComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) Med-Heavy Location: Back, arms, neck, Shoulders

Physical Build: (Very Light, Light, Medium, Heavy, Very Heavy) \_\_\_\_\_

Occupation: Business owner Education: BASpecial Skills, Talents, Abilities: Athletic, Mechanical skills, gardening, cooking

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) easy going, gentle, loving, wise, protective, genuineNumber of Children: \_\_\_\_\_ Male 2 Female

## EXTENDED FAMILY PROFILES (Continued)

<sup>maternal</sup>  
**BIOLOGICAL PATERNAL AUNT OF SURROGATE/OVUM DONOR:**Year of birth: 19 ~~40~~53 Place of birth: Shasta County, Redding, caRace: Polish Ethnic Ancestry: PolishHeight: 5' 6" Normal Weight 135 lbs Eye Color: Blue Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blond Type: (Curly, Wavy, Straight, etc.) Straight

Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_

Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) light Location: Shoulders, ChestPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) lightOccupation: Stay home mom/Buis. Manager Education: College Grad.Special Skills, Talents, Abilities: Cooking, Sewing, Swimming, Singing

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

Very goodType of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Outgoing, Optimistic, kind, leader,Number of Children: 1 Male 2 Female<sup>maternal</sup>  
**BIOLOGICAL PATERNAL AUNT OF SURROGATE/OVUM DONOR:**Year of birth: 19 50 Place of birth: Redding, caRace: Polish Ethnic Ancestry: PolishHeight: 5' 7" Normal Weight 150 lbs Eye Color: Blue Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blond Type: (Curly, Wavy, Straight, etc.)  StraightCondition of Hair: (Balding, Thinning, Average, Thick, etc.) thinComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) light Location: Back, ShouldersPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) mediumOccupation: Community activist Education: College graduateSpecial Skills, Talents, Abilities: Writing, Sewing, Cooking, Teaching, Hunting, golf, gardening

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

ExcellentType of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) leader, optimistic, outgoing, caring, nurturing, articulate, confidentNumber of Children: \_\_\_\_\_ Male 2 Female

## EXTENDED FAMILY PROFILES (Continued)

Paternal  
**BIOLOGICAL MATERNAL AUNT OF SURROGATE/OVUM DONOR:**Year of birth: 19 55 Place of birth: Culver City CaRace: German Ethnic Ancestry: GermanHeight: 5'4" Normal Weight \_\_\_\_\_ lbs Eye Color: Hazel Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blight Brown Type: (Curly, Wavy, Straight, etc.) StraightCondition of Hair: (Balding, Thinning, Average, Thick, etc.) ThinComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) Medium Location: back, shoulders, armsPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) MediumOccupation: Cosmetologist Education: \_\_\_\_\_Special Skills, Talents, Abilities: Hair, painting

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

Very goodType of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Optimistic, introverted, caringNumber of Children: 3 Male \_\_\_\_\_ Female \_\_\_\_\_Paternal  
**BIOLOGICAL MATERNAL AUNT OF SURROGATE/OVUM DONOR:**Year of birth: 19 56 Place of birth: Culver City CaRace: German Ethnic Ancestry: GermanHeight: 5'5" Normal Weight 135 lbs Eye Color: Green Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blond (dirty) Type: (Curly, Wavy, Straight, etc.) CurlyCondition of Hair: (Balding, Thinning, Average, Thick, etc.) ThickComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) Heavy Location: all overPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) MediumOccupation: pediatrist Education: \_\_\_\_\_Special Skills, Talents, Abilities: excellent athlete, triathlons, sewing, cooking

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

excellentType of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Confident, Optimistic, bubbly, caring, trustworthy, leader, nurturing, givingNumber of Children: 1 Male \_\_\_\_\_ Female \_\_\_\_\_

## EXTENDED FAMILY PROFILES (Continued)

**BIOLOGICAL <sup>paternal</sup> MATERNAL UNCLE OF SURROGATE/OVUM DONOR:**Year of birth: 19 56 Place of birth: Culver City, caRace: German Ethnic Ancestry: GermanHeight: 5'9" Normal Weight 190 lbs Eye Color: green Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Brown Type: (Curly, Wavy, Straight, etc.) StraightCondition of Hair: (Balding, Thinning, Average, Thick, etc.) thickComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) medium Location: back, shoulders, armsPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) mediumOccupation: Business owner Education: \_\_\_\_\_Special Skills, Talents, Abilities: Water Ski, Athletic, Cooking

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

excellent very goodType of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Assertive, leader, spontaneous, outgoing, friendly.Number of Children: 2 Male \_\_\_\_\_ Female \_\_\_\_\_**BIOLOGICAL MATERNAL UNCLE OF SURROGATE/OVUM DONOR:**Year of birth: 19 52 Place of birth: Redding, caRace: Polish Ethnic Ancestry: PolishHeight: 6'1" Normal Weight 205 lbs Eye Color: Blue Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blond Type: (Curly, Wavy, Straight, etc.) StraightCondition of Hair: (Balding, Thinning, Average, Thick, etc.) thinComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) light Location: backPhysical Build: (Very Light, Light, Medium, Heavy, Very Heavy) lightOccupation: CEO Education: \_\_\_\_\_Special Skills, Talents, Abilities: golf, Building/remodeling cars, computer,

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

goodType of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Assertive, pessimistic, controllingNumber of Children: 0 Male \_\_\_\_\_ Female \_\_\_\_\_

## EXTENDED FAMILY PROFILES (Continued)

433

**BIOLOGICAL MATERNAL GRANDMOTHER OF SURROGATE/OVUM DONOR:**Year of birth: 19 19 Place of birth: ChicagoRace: Polish Ethnic Ancestry: PolishHeight: 5'6" Normal Weight 135 lbs Eye Color: Blue Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blond Type: (Curly, Wavy, Straight, etc.) wavyCondition of Hair: (Balding, Thinning, Average, Thick, etc.) AverageComplexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) light Location: \_\_\_\_\_Physical Build: (Very Light, Light, Medium, Heavy, Very Heavy) very lightOccupation: House wife Education: \_\_\_\_\_Special Skills, Talents, Abilities: family matriarc. mentor, piano, singing, golf, cooking

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

good

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.)

very very optimistic, Humble, wise, passionate, loving, kind, nurturing, very hugable, approachableNumber of Children: 1 Male 3 Female**BIOLOGICAL MATERNAL GRANDFATHER OF SURROGATE/OVUM DONOR:**Year of birth: 19 15 Place of birth: ChicagoRace: Polish Ethnic Ancestry: PolishHeight: 5'9" Normal Weight ~~140~~<sup>160</sup> lbs Eye Color: Blue Corrective Lenses: ?  Y  N  Reading GlassesNatural Hair Color: Blond Type: (Curly, Wavy, Straight, etc.) straightCondition of Hair: (Balding, Thinning, Average, Thick, etc.) thick (slight balding)Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) very light Location: \_\_\_\_\_

Physical Build: (Very Light, Light, Medium, Heavy, Very Heavy) \_\_\_\_\_

Occupation: Real estate Education: \_\_\_\_\_Special Skills, Talents, Abilities: golf, gardening,

General Health (If deceased, please give age and cause of death): \_\_\_\_\_

excellent

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.)

Assertive, Controlling, Articulate, organizedNumber of Children: 1 Male 3 Female

## EXTENDED FAMILY PROFILES (Continued)

**BIOLOGICAL PATERNAL GRANDMOTHER OF SURROGATE/OVUM DONOR:**Year of birth: 19 ~~20~~ 23 Place of birth: Los Angeles

Race: German Irish Ethnic Ancestry: Irish

Height: 5'7" Normal Weight 150 lbs Eye Color: Hazel Corrective Lenses:  Y  N  Reading Glasses

Natural Hair Color: Brown Type: (Curly, Wavy, Straight, etc.) Wavy

Condition of Hair: (Balding, Thinning, Average, Thick, etc.) thick

Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  EasyFreckles: (Light, Medium, Heavy?) ~~Heavy~~ medium Location: Shoulders, Back

Physical Build: (Very Light, Light, Medium, Heavy, Very Heavy)

Occupation: Real estate Education:

Special Skills, Talents, Abilities: piano, Singing (she has the most beautiful voice!)  
Herbal remedies, Ski racing, triathalons, swimming, painting, scrap  
booking, writing, sewingGeneral Health (If deceased, please give age and cause of death): Very Healthy  
very excellent

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.) Assertive, protective, adaptable, Creative

Number of Children: 2 Male 2 Female

**BIOLOGICAL PATERNAL GRANDFATHER OF SURROGATE/OVUM DONOR:**Year of birth: 19 ~~20~~ 20 Place of birth:

Race: Irish, German Ethnic Ancestry: Irish, German

Height: 5'6" Normal Weight 185 lbs Eye Color: Hazel Corrective Lenses:  Y  N  Reading Glasses

Natural Hair Color: Red Type: (Curly, Wavy, Straight, etc.) Straight

Condition of Hair: (Balding, Thinning, Average, Thick, etc.) thick

Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  Easy

Freckles: (Light, Medium, Heavy?) Heavy Location: all over

Physical Build: (Very Light, Light, Medium, Heavy, Very Heavy) medium

Occupation: Education:

Special Skills, Talents, Abilities: Very Athletic (water ski) mechanical skills, gardening,  
farming, Carpenter skills, gardening

General Health (If deceased, please give age and cause of death):

very good

Type of personality: (Examples-Optimistic, Assertive, A Leader, Easy Going, Pessimistic, Passive, A Follower, Controlling, Rigid, etc.)

Number of Children: 2 Male 2 Female