

Cori's Egg Donor Services

"Helping to Create Families"

Telephone: (619) 550-9943

1286 University Avenue # 215

San Diego, CA 92103

Dear Prospective Egg Donor:

Thank you for your interest in becoming an Egg Donor. Each year, thousands of compassionate women offer their assistance as Egg Donors so that infertile women may experience the joy of motherhood. At Cori's Egg Donor Services, we provide Egg Donors for infertile couples and individuals seeking the help of a third party in order to build their families. Helping a childless couple become a family is a truly generous gift. I applaud you for your consideration to be an Egg Donor.

Egg Donation is an option infertile couple are uneasy about. They wonder how the genetics of the Egg Donor will affect the child's outcome and worry about whether the donor will abide by the terms in the Contract. The infertile couple knows that this is their last chance to have a biological child of their own. This is a very serious commitment on the Egg Donor's part and you need to be sure that this is a commitment that you are willing to make.

Included in this packet is a description of what to expect in my program and several pages of questions for you to fill out and return. The entire process of becoming an Egg Donor usually takes several months. You are beginning the first stage by requesting a questionnaire. There are a few reasons why someone should not apply to be an Egg Donor.

- ❖ You have been exposed to Hepatitis B or C
- ❖ You are a smoker
- ❖ Your schedule is not flexible enough to accommodate approximately one week of possible daily visits to the recipient's medical facility.

The second stage will begin when we meet in my office for an interview. Once I receive your questionnaire I will begin searching for the couple who comes closest to matching your likenesses. This step may take a few days....or a few months. Unfortunately, there is no way to predict how soon a match will be made.

When a match is made, I will contact you and briefly tell you about the Donor Recipient. With their permission, I will send you a copy of the Donor Recipient's questionnaire.

We have three types of contact arrangements in our program. There is the Open arrangement, the Semi-open arrangement and the Closed arrangement. In the Open arrangement you would have full contact with the Donor Recipients. In the Semi-Open arrangement your only contact would be through Cori's Egg Donor Services and in the Closed arrangement there would be no contact at all.

If you and they agree to work together, you and your partner will be told where to go to have HIV tests and STD tests administered. The Donor Recipients will have the same tests run of them. You will also need to have a psychological evaluation. The psychotherapist may request your partner have one performed as well. However, medical techniques and procedures may vary depending on the physician. The Donor Recipients will pay for all the tests that are required.

When all test results come back in your favor (and in the Donor Recipients' favor), you will be told what medication (commonly used drugs are Lupron, Profasi, Perganol, Fertinex, Follistim, and/or Repronex) you need to use to start the process of producing more eggs. This process is where you are given doses of the fertility drug to encourage your body to release more eggs. These eggs are removed under general anesthesia, then fertilized with the Intended Father's sperm (if the father's sperm is unable to fertilize the eggs, we use donor sperm).

The joy that is felt by parents as their newborn baby is held for the very first time is both astounding and miraculous. However, studies indicate that for 1 out of 7 couples, this miraculous event is *only* possible through assisted reproduction. This is a wonderful gift you are giving to a very grateful couple. I am sure you will find in yourself feelings you never had before! For those who participate, fertility assistance offers an incredible emotional reward, as well as financial compensation. It is an act of generosity that is immeasurable in human kindness, and is *remembered throughout entire lifetimes* by both the giver and the receiver.

Again, thank you for your interest!

Becca Hansen

Testimonials from Previous Donors

There is a song I know by David Lanz called "Cristofori's Dream". This song is capable of evoking every possible emotion a human can have. For me, throughout the course of this musical piece, I feel everything. And I love every bit of it. When it makes me cry I am thankful for the tears and when it makes me smile I am grateful for the chance. The idea that I have so many feelings and am able to express them makes me happy beyond words. Egg donation for me is nearly the same. I feel everything through the course of each cycle. Except regret. Never am I so proud of an act than when I find out I have helped somebody's dream come true. Cori sometimes refers to donors as angels, but I wouldn't dare flatter myself so. I aim to be a guardian of the heart to the best of my abilities and if this is the gift I've been blessed with, then so be it. It just means that my angel is looking out for me and to show my appreciation I need to pass it on. I've learned many things so far and I've only donated three times. I've had my fair share of pleasant and even not so pleasant times. But I wouldn't give any of it up. I'm a better person now. And one more thing, this may sound a little greedy but it can't be helped. I like to donate because it means that, even though I most likely will never know the child, a part of me is out there being loved. There is no greater feeling than that of being loved. And I feel it through and through every time Cori calls me to say I've done it again. So that's how I feel about egg donation at a glance. I could go on forever, just ask Cori.

Love, **Brandi Lee** - bdemure@home.com <<mailto:bdemure@home.com>>

FOR ALL of you who are considering working with Cori, let me assure you that you will not regret it! Cori, along with her husband Tony, are some of the nicest, most sincere, and honest people I have ever know. I have worked with them for the past year and a half, as an egg donor, and I have never thought about working with any one else. As an egg donor, you can expect Cori to be with you every step of the way. Never hesitate to ask questions, for she will answer everything with patience and understanding. The process of being an egg donor starts off very slow. Once you and the intended parents have decided to work together, you must undergo a psych. evaluation, medical screening, and sometimes character tests. Once you are done and cleared, you are on your way. You will then be seen by the intended parents doctor for necessary ultrasounds and blood draws, start medication, and then if everything goes accordingly-donate. My first donation took about three months from the day of finding intended parents to the retrieval. Cori, of course, was with me the whole time. The experience was phenomenal. Recovery was easy (don't hesitate to ask for pain medication) and fast. The best part though, is knowing that you are helping a couple live their dreams of having their own biological children (to a degree). So, on that note, good luck to you and your decision-making, and keep in mind that if you decide to donate, make it yourself. Don't be influenced by outside factors. If you do what is in your heart and listen to your mind, the decision will come easily.

Kate P - K8andMike@msn.com <<mailto:K8andMike@msn.com>>

Becoming an egg donor was an incredible experience. The egg donation process takes time, and personal devotion, but in the end it is well worth every second when you hear from the couple that they were able to achieve a pregnancy. I am glad that I became an egg donor for it gave me a chance to help a couple who had been through so much. Being a Mother of 3 I truly understand the joy, and completion that children bring to a family. I am thankful that I was able to be healthy enough to donate eggs for a couple that were in need. I will cherish my memories of being an egg donor forever, and I am grateful that I was given the opportunity to make a difference in the lives of 4 wonderful couples.

Bridgett

I have been an egg donor two times now and have thoroughly enjoyed the experience. When I first looked into egg donation, I knew it would be rewarding, but nothing like my experiences. When you get to know even the littlest things about a couple, and what they have possibly been through, and that they have picked you out, it becomes so rewarding. Even a boost of self-esteem for me. I think daily of how awesome it was that I could be such an important part of someone's journey. I think of my kids and can't imagine being without them and that so many people have to go through so much just to get them. My fertility is definitely not taken for granted anymore.

Lori

I have thought about this problem not being able to have children of my own for a long time. I love children and I want children of my own. Well, some can't have children without the help from others. And that is why I decided to become an egg donor. I wanted to help someone with the greatest gift of all. It is not an easy decision and you have to sacrifice parts of yourself for someone else. It feels great to be able to do that.

Linda

I've had a very positive experience with egg donation. Being a donor is actually very easy. I would have to say the most difficult part is actually giving yourself the injections, and those don't even hurt (this is coming from someone who is not exactly fond of needles). I think egg donation is rewarding in all aspects. If a couple wants a child so badly that their willing to go through this, then you can pretty much guarantee they will raise this child in a loving home. If

you're considering this for the money, the compensation is pretty good. For about 10 days of injections you get a decent check. If you have the opportunity to help out a couple with giving them a child, I would encourage you to do so.

Jeni - babeat6ft@aol.com <<mailto:babeat6ft@aol.com>>

Well, the egg donation process was simple and basically pain free. I had an excellent doctor follow my progress here and monitored me closely. The injections were sub cue and simple. I stimulated fast and well according to both clinics which gave me a lot of confidence for my first try. I flew out to Los Angeles the flight was a nightmare but I of course was welcomed by the Cori which was a relief and a wonderful surprise. I went to meet Dr. Danzer the next morning and he made me feel very safe and eager. The retrieval itself was painless and fast. The only complaint I have is how the staff at the hospital treated me. They referred to me as the "donor"...whisper, whisper...and made me feel cheap and like I was doing something wrong or immoral. And there was some disappointment in the fact that the couple never wanted to meet me or even pop in to see how I was or to say thanks. But I understood they were private people. I'm looking forward to doing this again and possibly making new contacts and friends thru the process. It is an absolute pleasure to work with Cori and she makes it worth doing over and over again.

Caroline

Being an egg donor is one of the most memorable experiences of my life. I have had the chance to work with two different doctors and their staff, and they have been the most professional and caring medical personnel that I have ever dealt with. They treated me as if I were the one that paid the bill rather than an obstacle to creating a pregnancy for the recipient of my eggs. They show an amazing amount of respect for the sacrifice that I am making in order to be a donor, even though I am sure that I am one of hundreds that they have dealt with. I never felt that my health was threatened in any way and most importantly any questions I had were answered thoroughly, anytime, night or day, that they arose. I was extremely nervous about giving myself shots! I watched the videos, read the pamphlets, and asked questions, but it still came down to wanting to try it. After I gave myself my first shot, I almost laughed at how easy it was. It was definitely all down hill from that. I didn't bruise from any of the shots (either in my stomach, thigh, or behind) and they didn't have a profound effect on my moods. I don't think at least, my boyfriend may say differently. Speaking of him, he was the one who eventually ended up giving me all my shots. I guess being able to stick a needle in me made up for any grumpiness I shared with him. It also brought us closer; to be going through this together and it helped me to have his support. He was more excited than I was! During the end of the process, it gets time consuming to have a doctors appointment almost everyday, but it is exciting to have an ultra sound and see your continuing progress. This way you can see what exactly it is that makes you feel so full. On a scale of one to ten, two being a sore muscle and seven being intense cramps, I'd say that any uncomfortableness that I felt was no more than about a four or five. The day of my first egg retrieval, I was nervous. It made it a lot easier that the nurse stayed with me and talked to me openly about the procedure. I lay there about thirty minutes with an IV, then went in the procedure, and I must have been out of the room in less than thirty minutes later. I went home and slept the rest of the afternoon and by the next day, I was up and gingerly walking around. On the scale, I'd say my pain following the procedure was MAYBE a seven, though that may be an exaggeration. I have chosen not to know whether a pregnancy results from my donation, but I like to think that somewhere a couple who wanted a child more than any think, has one because of me.

Emily - mlebaime@hotmail.com <<mailto:mlebaime@hotmail.com>>

Cori's Egg Donor Services
Donor Screening Form
Donor History

Date: _____

Full Legal Name: _____

Maiden Name if Any: _____

Street Address: _____

City, State and Zip: _____

How long at current address? _____ Pager/Cell: _____

Home Phone: _____ E-Mail _____

Employer: _____

Address: _____

Position: _____ Date Employed: _____

Work Phone: _____ Fax: _____

Social Security number: _____ Driver's license number and state: _____

Date of Birth: _____ Birthplace: _____

Have you donated before? NO YES What were the results? _____

Name of Husband/Boyfriend: _____ Date of Birth: _____

Employer: _____

Work Address: _____

Positions: _____ Date Employed: _____

Work Phone: _____ Fax: _____

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***Note: This information will be shared with the Prospective Donor Recipients. Please answer all questions honestly and neatly.

First Name: _____ **Date of Birth:** _____

U.S. Citizen: Yes No

(If No, please explain)

First Name of Husband/Boyfriend: _____

Current Marital Status: (circle below) SINGLE ENGAGED
MARRIED SEPARATED DIVORCED WIDOWED

Including yourself, how many people live in your home? _____

Number of Adults: _____

Number of Children: _____

Sons - Year of Birth: _____

Daughters - Year of Birth: _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? **YES** **NO**

Health Insurance Company Name: _____

Phone Number: _____

Is your health insurance: HMO/EPO 90/10 80/20 Other

Do you own a car? **YES** **NO** Do you have automobile insurance? **YES** **NO**

Donor History

Blood Type: _____ RH: _____ Age: _____ Shoe Size: _____ Occupation: _____

Married? Yes No Height: _____ Weight: _____ Body Build: _____

Religion: _____ Practicing? **Yes** **No** Native Tongue: _____

Natural Hair Color _____ Eye Color _____ Previous Donor **YES** **NO**

Circle the following which pertain to you:

Skin Type: Oily Normal Dry Combination
 Fair Olive Dark

Hair Type: Wavy Curly Straight Dry
 Thin Thick Fine Course

Tanning Ability: ___ No Ability to Tan
 ___ Slight Ability to Tan
 ___ Moderate Ability to Tan
 ___ Tan Very Easily

Distinguishing Characteristic:

___ Freckles (Light, Moderate, Heavy?) _____ Location: _____
___ Dimples Location: _____
___ Cleft Chin (Small, Medium, Large?) _____
___ Birth Mark(s) Location/Type: _____
___ Birth Defects (Even if minor or correctable) Describe: _____
___ Other _____

Were you adopted? _____ If yes, Do you know your Genetic Background _____

Ethnic Origin/Race of your Mother's family _____

Ethnic Origin/Race of your Father's family _____

Vision: _____ Glasses or Contacts? _____ Astigmatism? _____

Orthodontic History: _____

Do healthy teeth & gums run in your family? _____

Education: (Highest level achieved, emphasis of studies) _____

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

Please list any special skills, talents or abilities: _____

Donor Genetic History

Please describe any known genetic conditions or birth defects in your family: _____

Please explain if you were born with any birth defects (Heart defect, cleft lip, club feet, etc.): _____

Donor Ancestry

Are you of Mediterranean (Greek or Italian) Ancestry? _____

If Yes, have you been tested as a carrier of Thalassemia? _____

Results: Positive ___ Negative ___ Unknown ___

Are you of Jewish Ancestry _____ If Yes, have you been tested as a carrier of Tay Sachs Disease? _____

Results: Positive ___ Negative ___ Unknown ___

Are you of African Ancestry? _____ If Yes, have you been tested as a carrier of Sickle Cell Disease? _____

Results: Positive ___ Negative ___ Unknown ___

Donor Family Medical and Genetic History

Parents' Health

Mother: Alive ___ Deceased ___ Height ___ Weight ___ Build _____

Eye Color ___ Natural Hair Color ___ Type (Curly, Wavy, Straight, etc.) _____

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

Complexion: Fair Medium Dark

Year of Birth or Age at Death _____ If Deceased, Cause of Death: _____

Health Problems and age when diagnosed: _____

Occupation: _____ Education : _____

Special Skills, Talents, Abilities: _____

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

Father: Alive: ___ Deceased: ___ Height: ___ Weight: ___ Build: _____

Eye Color: ___ Natural Hair Color: ___ Type: (Curly, Wavy, Straight, etc.) _____

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

Complexion: Fair Medium Dark

Year of Birth or Age at Death: ___ If Deceased, Cause of Death: _____

Health Problems and age when diagnosed: _____

Occupation : _____ Education: _____

Special Skills, Talents, Abilities: _____

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

Mothers' Family

Maternal Grandmother: Alive ___ Deceased ___ Height ___ Weight ___ Build ___
Year of Birth or Age at Death: ___ If Deceased, Cause of Death: _____
Health Problems and age when diagnosed: _____
Grandmothers Occupation _____

Maternal Grandfather: Alive ___ Deceased ___ Height ___ Weight ___ Build ___
Year of Birth or Age at Death: ___ If Deceased, Cause of Death: _____
Health Problems and age when diagnosed: _____
Grandfathers Occupation _____

Living Maternal Aunts and Uncles: Sex, Year of Birth, Height, Build, Health Problems,
and Age Diagnosed: _____

Deceased Maternal Aunts and Uncles: (including stillborn, infant deaths and childhood deaths) Sex, Age at Death, Cause, Other Health Problems and Age Diagnosed: _____

Father's Family

Paternal Grandmother: Alive ___ Deceased ___ Height ___ Weight ___ Build ___
Year of Birth or Age at Death: ___ If Deceased, Cause of Death: _____
Health Problems and age when diagnosed: _____
Grandmothers Occupation _____

Paternal Grandfather: Alive ___ Deceased ___ Height ___ Weight ___ Build ___
Year of Birth or Age at Death: ___ If Deceased, Cause of Death: _____
Health Problems and age when diagnosed: _____
Grandfathers Occupation _____

Living Paternal Aunts and Uncles: Sex, Year of Birth, Height, Build, Health Problems,
and Age when Diagnosed: _____

Deceased Paternal Aunts and Uncles: (including stillborn, infant deaths and childhood deaths) Sex, Age at Death, Cause, Other Health Problems and Age Diagnosed: _____

SIBLINGS

Living Brothers and Sisters: Sex, Year of Birth, Height, Weight, Build, Health Problems and Age Diagnosed: _____

Deceased Brothers and Sisters: Sex, Age, Height, Weight, Build, Health Problems and Age Diagnosed: _____

CHILDREN

Children: Sex, Year of Birth, Height, Weight, Build, Eye Color, Hair Color, Health Problems and Age Diagnosed: _____

What are your thoughts on egg donation? What does your significant other/family feel about your donating eggs to help another woman become pregnant?

Why do you desire to be an egg donor? _____

What temperament did you have as a baby? _____

How would you describe yourself as a child? _____

Please describe your character (personality) : _____

DONOR MEDICAL HISTORY

Place a check in front of any of the following you have a problem with:

- | | |
|---|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Back/Neck Pain |
| <input type="checkbox"/> Bleeding/Bruising
from Minor Injury | <input type="checkbox"/> Blood in Stool |
| <input type="checkbox"/> Breast Lumps | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Bringing up Sputum
with Blood |
| <input type="checkbox"/> Chest Pain, Pleurisy | <input type="checkbox"/> Chest Pain, Tightness
Pressure |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Cough/Chest Colds |
| <input type="checkbox"/> Convulsions/ Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dental/Gum Problems | <input type="checkbox"/> Dizziness/Fainting |
| <input type="checkbox"/> Discharge from Nipples | <input type="checkbox"/> Eczema, Lumps, Hives |
| <input type="checkbox"/> Difficulty Walking | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Ear Trouble/Infection | <input type="checkbox"/> Fevers, Sweats, Chills |
| <input type="checkbox"/> Excessive Sweating | <input type="checkbox"/> Gall Bladder Problems |
| <input type="checkbox"/> Fast/Irreg. Heartbeat | <input type="checkbox"/> Genital Sores/Discharge |
| <input type="checkbox"/> Frequent Urinating | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Gas, Cramps, Pains | <input type="checkbox"/> Hearing Loss/Ringing |
| <input type="checkbox"/> Goiter/Thyroid Problems | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Heartburn/Indigestion | <input type="checkbox"/> Lymph Node/Gland Problem |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Nervousness, Tension |
| <input type="checkbox"/> Murmurs/Rheumatic Fever | <input type="checkbox"/> Numbness, Tingling |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Pains in Joints/Arthritis |
| <input type="checkbox"/> Painful/Enlarge Breasts | <input type="checkbox"/> Poor Appetite |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Poor Sleeping |
| <input type="checkbox"/> Poor Circulation | <input type="checkbox"/> Previous Heart Trouble |
| <input type="checkbox"/> Rashes/Color Changes | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Shaking/Tremors | <input type="checkbox"/> Stuffy Nose/Sinus Problem |
| <input type="checkbox"/> Sore throats | <input type="checkbox"/> Swollen Joints |
| <input type="checkbox"/> Swollen Feet/Ankles | <input type="checkbox"/> Trouble Breathing when
Lying down |
| <input type="checkbox"/> TB/Exposure to TB | <input type="checkbox"/> Waking Short of Breath |
| <input type="checkbox"/> Trouble thinking/Remembering | <input type="checkbox"/> Warts, Moles |
| <input type="checkbox"/> Trouble Swallowing | <input type="checkbox"/> Weakness, Paralysis |
| <input type="checkbox"/> Waking to Urinate | <input type="checkbox"/> Yellow Jaundice/Hepatitis |
| <input type="checkbox"/> (# Times/Night) | |
| <input type="checkbox"/> Wheezing/Asthma | |

Right Handed

Left Handed

DONOR FAMILY MEDICAL AND GENETIC HISTORY
SPECIFIC CONDITIONS

Please check whether you and/or your relatives have or have had any of the following:

Yes	No	If Yes		
		Yourself/Relative		
___	___	___	___	Alzheimer's
___	___	___	___	Anorexia/Bulimia
___	___	___	___	Arthritis (Before 50)
___	___	___	___	Asthma/Allergies
___	___	___	___	Blindness in both eyes (Before 60)
___	___	___	___	Blood Disorders (Anemia, Sickle Cell, Hemophilia, etc.)
___	___	___	___	Cataracts (Before 40)
___	___	___	___	Cleft Lip and/or Cleft Palate
___	___	___	___	Club Feet
___	___	___	___	Congenital Heart Defects
___	___	___	___	Deafness (Before 60)
___	___	___	___	Juvenile Diabetes
___	___	___	___	Down's Syndrome
___	___	___	___	Early Death or Heart Attack (Before 50)
___	___	___	___	Gall Bladder Disease
___	___	___	___	Huntington's Disease
___	___	___	___	Liver Disease/Hepatitis
___	___	___	___	Manic Depression
___	___	___	___	Mental Retardation
___	___	___	___	More than five coffee-colored spots on the Skin (the size of a quarter or larger) or numerous lumps under the skin
___	___	___	___	Multiple Births (twins, triplets, etc.)
___	___	___	___	Muscular Dystrophy
___	___	___	___	Neurofibromatosis
___	___	___	___	Obesity
___	___	___	___	"Open Spine" or "water on the Brain"
___	___	___	___	Polycystic Kidney Disease
___	___	___	___	Premature Senility (Before 60)
___	___	___	___	Progressive Kidney Disease
___	___	___	___	Schizophrenia/Manic Depressive Disorder
___	___	___	___	Seizure Disorder
___	___	___	___	Serious Birth Defects
___	___	___	___	Severe Bleeding Tendency
___	___	___	___	Skin Diseases
___	___	___	___	Stroke
___	___	___	___	The Same Cancer in more than one Family Member
___	___	___	___	Thyroid Disease
___	___	___	___	Tuberous Sclerosis
___	___	___	___	Two or More Miscarriages or Stillbirths

If **YES** to any of the above, please complete:

Condition **Specific Relation** **Age affected**

DONOR MEDICAL HISTORY

Have you ever had any serious injuries? Yes No (If Yes, Please explain): _____

Broken Bones? Yes No (If Yes, Please explain): _____

Have you ever had any serious illnesses? Yes NO (If Yes, Please explain):

Operations: **Procedure** **Year** **Hospital and State**

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

If yes, please explain: _____

Are you currently taking any medications or treatments (include aspirin, antacids, vitamins, etc.)?

Medication **How Often** **Purpose**

Alcohol Use? _____ How Much? _____ How Often? _____

Smoking? **No** **Yes** If yes, How Much? _____

Usual Weight? _____ Recent Gain or Loss? _____

Allergies (medicines, food, pollens, etc.)? _____

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

If yes, please explain: _____

Are you at risk for AIDS? **Yes** **No** **Unsure**

Have you ever received a blood transfusion? **Yes** **No**

Do you have any tattoos? **Yes** **No** When? _____

Do you use illegal drugs? **No** **Yes** (If yes, please explain) _____

Indicate with a check mark whether you have ever had

	Yes	No	Unsure		Yes	No	Unsure
AIDS	___	___	___	Chlamydia	___	___	___
Diabetes	___	___	___	Gonorrhea	___	___	___
Hepatitis B	___	___	___	Herpes	___	___	___
Liver Disease	___	___	___	Tuberculosis	___	___	___
Psychiatric Disorders	___	___	___				

Please explain any "YES" answers: _____

Please indicate any additional health information which may be important: _____

EDUCATION

High School &
Level Completed: _____ GPA: _____ SAT: _____

College
Name of College: _____ GPA: _____

Level Completed: _____

Diploma/Degree/Certification: _____

Have you met your educational goals? ___ Yes ___ No (if no, please explain)

What was/is your college major? _____

In which subjects did you receive the highest grades? _____

Do you have any learning disabilities Yes No If yes please explain:

Have you ever had your intelligence tested? Yes No
If yes, please indicate date of test and score _____

If you have not had an I.Q. test, are you willing to at the expense of the prospective parent(s)?

Yes No

GENERAL QUESTIONS

What is your favorite...

Movie _____	Color _____
TV Show _____	Hobby _____
Book/Author _____	Place _____
Music _____	Food _____

Please describe your future goals (Personal and Career): _____

Contraceptive History: **Method (s) Used** **For How Long**
Currently: _____

Pregnancy History:

Number of Pregnancies: _____ Live Births: _____ Miscarriages: _____ Abortions: _____

Pregnancy **Delivery Date** **Sex** **Birth Weight** **Place** **Complications**

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

What qualities do you consider to be most important in choosing to work with the donor recipients? _____

What type of relationship would you like with your donor recipient? _____

What would you like the donor recipients to tell their Child about you? _____

If the Child requests to meet you, how will you feel? _____

Please Complete the Following

I have always wanted to _____

I am happiest when _____

I have a passion for _____

I love _____

The best thing that I ever did _____

If I could change one thing in my life it would be _____

I wish I could be more _____

The person I admire most _____

I regret _____

It makes me sad when _____

I hate _____

I think that it is really unfair when _____

Would you be willing or able to travel out of state for the retrieval, provided that all of your expenses are covered?

YES NO MAYBE (Please explain your answer):

Please use the rest of this page or a separate page to tell the donor recipients more about yourself as a child and as an adult.

Please list the names and phone numbers of three people we can call as references:

1. _____ (____) _____

2. _____ (____) _____

3. _____ (____) _____

I have answered the preceding questions honestly. To the best of my knowledge, all of my answers represent my current status and none of the answers will change.

Cori's Egg Donor Services reserves the right to accept or decline a donor into its program. It is understood if an egg donor is not accepted into Cori's Egg Donor Services based on psychological evaluation, the donors name may be released to other donor programs.

By signing below, I declare that I understand the above statements, and that I give my permission for copies of my profile to be presented to Prospective Donor Recipients for their review.

Donor

Date

I have read and understand the above statements, and offer my wife my support in her endeavor to become an egg donor. I believe her answers on this questionnaire are true.

Donor's Husband/Boyfriend

How did you hear about Cori's Egg Donor & Surrogate Services? _____

Note: This page will not be shown to the Donor Recipients. This is to help me match you with the couple you prefer.

Please describe your "ideal" couple (include race, age, marital status, sexual preference and any other factors you desire). If there is a particular group of people you choose not to be a donor for, please let me know. If you have no preference, please write, "I have no preference." This page is completely confidential, and will never be seen by the donor recipients. Please specify which program you are most interested in. Most recipients do prefer the closed arrangement.

- Open Arrangement
- Semi-Open Arrangement
- Closed Arrangement
- Any of the Above

Please call me for an interview when you have completed the questionnaire. I will need portrait's of yourself and your children to process your questionnaire. Childhood photos are also helpful in matching you quicker! Your photos will be returned to you within two weeks. I can not process your questionnaire without your photos. Thank You!

Egg Donation Program

Our egg donation program has evolved to assist women who are unable to use their own eggs. In our program the eggs produced will be transferred into the intended mom or into a host carrier/surrogate. Success is greatly determined by the amount of viable eggs retrieved from the donor. As many eggs as possible are retrieved so as many attempts of implantation are possible. In this way any extra embryo's not transferred in the first attempt are frozen and available without having to go through a donor retrieval cycle again. This way, pregnancy is able to be attempted more often if it was unsuccessful the first time. This is the reason why you, the egg donor are put on medication to stimulate your ovaries into producing many eggs. You must be able to follow all instructions regarding the administration of these medications faithfully, the success of the cycle can depend on this. You must be able to attend every scheduled medical appointment without fail. Fertility drugs are injected for at least five day to mature several eggs. Then, two more days of injections, blood tests and ultrasound exams to track egg development. The eggs are then harvested vaginally while the donor is sedated. You must arrange to be accompanied the day of the egg retrieval, you cannot drive yourself. To the best of medical knowledge there is no permanent damage from these medications and they should not, in any way, affect the egg donors reproductive capabilities.

For our egg donation program, the doctors have recommended women who are in good health and under 30 years of age or who have had children recently (as to establish their level of fertility). The egg donor waiting to be matched should keep track of her menstrual cycle so as to enhance the doctors ability of retrieving the eggs on time and to match the egg donor with the recipients cycle, so a timely transfer can take place. Once your initial screening has been approved, you will have psychological evaluation and then a physical exam and lab work to test for any sexually transmitted diseases or any disease testable for the health of the eggs to be donated. Once these have been cleared you will be ready for medical treatment to prepare you for egg donation.

The three medications normally used are Lupron, Pergonal or Follistim, and Profasi. Lupron is given by injection by the smallest and shortest needle possible and is therefore not a deep injection being that it is just underneath the surface of the skin. Lupron is not a medication used for fertility, yet it is used only to shut down your own system so stimulation of your ovaries with other medications is possible. It will be taken for approximately a three week period. The major side effects from Lupron are "hot flashes" and possible spotting that only lasts for a short period of time, if present. The IVF Coordinator of the physicians will inform you in detail on the proper usage of the medications and the side effects.

Pergonal and Follistim stimulate your ovaries directly. These are usually started on Day 2 of your menstrual cycle and you will be given specific instructions as to how many days you will need to be on these medications. A very rare side effect from these medications is hyperstimulation of your ovaries (when they produce too many eggs). This has been known to cause abdominal discomfort and in very rare situations, cause a severe

reaction (less than 1% of all patients).

You will need to be on these medications for approximately two weeks. You may have baseline testing and begin medications in your home area but will need to be seen by the physicians for vaginal ultrasound and blood testing by at least Day 8 of your cycle. and almost daily until the time the eggs are aspirated. The aspiration usually takes place on Day 14 of your cycle. It consists of a very minor procedure in which a needle is placed in the vagina along side the ultrasound probe and the eggs are suctioned off the ovaries. You could either be completely asleep, slightly asleep, or you can choose to be awake. The decision is up to you and the physician you will be working with. The women who have chosen not to be asleep said that they felt minimal discomfort. The procedure takes approximately 45 minutes to 1 hour. Following the procedure you may experience a little vaginal bleeding and some lower abdominal discomfort. Usually, it is fairly mild. Abdominal discomfort may be present for up to two weeks after the procedure but there is rarely any discomfort after that time period.

Since you could become pregnant during the month that you donate your eggs we ask that you follow doctors orders and avoid intercourse from Day 1 of your stimulated cycle until one week after aspiration of your eggs. Most of all, follow the physicians advice in this area. you must follow the IVF physicians instructions at all times.

Prior to the egg donation cycle being started, we will get all of your consent forms, lab sheets, psychological clearance, and the signed contract (which is paid for by the Donor Recipients) in our office. Within one week after the aspiration you will be reimbursed for your time and involvement in our program in the amount of \$4000.00. If you were to be canceled after stimulation has been started you will be compensated \$750.00 for your time, provided that is what is stated in your contract.

In our program we request that you sign this permission form, granting our agency the right to do a background search, using your name and social security number and/or references if we need to contact you for the sake of the child born pursuant to your egg donation or at the Donor Recipients request. If it is believed by the medical profession that information of the donor or physical input is needed in your part to enhance the life or to create a more comfortable life for the child due to medical reasons, we will have a way of tracing you.

You can do something that makes a difference and forever change the lives of the couple you choose. I am sure that you are aware of how important it is to have a child. This is the reason egg donors are needed. There are many reasons an egg donor decides to become an egg donor. You are providing an egg that you won't be using, to a woman who would love to use it. I hope you consider being an egg donor in our program.

I have read the above information and understand my obligations:

Egg Donor Signature

Date

AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION

I, _____ hereby authorize my medical records,
including psychiatrist, psychologist, psychotherapist, obstetric, or any other medical
practitioner or provider who has or will be furnishing services to me to provide my
medical records to:

Cori's Egg Donor & Surrogate Services, Inc.
Becca Hansen
1286 University Avenue # 215
San Diego, CA 92103
Phone: (619) 550-9943

Fax: (619) 828-1300

Egg Data Sheet
Protocol
Egg Sheet
Egg Count & Quality
Labs-Donor Panel
Embryo Count & Quality
Flow Sheet
E2 Levels
Pregnancy Outcome
Etc.....

This Authorization is valid until my written notice of withdrawal is received by **Cori's Egg Donor and Surrogate Services, Inc.**, I agree that a photocopy of this Authorization is as valid as the original.

Donor Signature

Date: _____