

**Tiny Treasures Organization, LLC**  
*An Egg Donation Facilitation Agency*

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**Egg Donor Information**

*Updated April 2016*

Thank you for considering Tiny Treasures as you investigate the possibility of offering the gift of egg donation. Since infertility is an indiscriminate condition, we are in search of women from all walks of life, including all ethnicities, every race, with any hair and eye color, varying physical attributes, academic achievements and/or special talents. We do require that our Donors possess a strong sense of commitment, the ability to demonstrate integrity and dependability, as well as a genuine humanitarian desire to assist an infertile couple/individual in conceiving. Egg donation requires a serious contribution of time and effort and involves undergoing medical procedures. Our Donors must be willing to commit to the entire process, from start to finish. Egg donation has been described as one of the most powerful and rewarding decisions a woman can make. We are here to help make the process a pleasant and fulfilling experience.

We are an egg donation facilitation agency that helps guide Prospective Parents and Egg Donors through the egg donation process, from start to finish. Our agency matches Prospective Parents with Donors and manages all the complex arrangements associated with an egg donation cycle. We are in the business of helping families conceive children that they are unable to conceive on their own due to a wide variety of reasons. We are here to be your "helping hand" throughout your egg donation cycle. Tiny Treasures' staff emphasizes the importance of confidentiality, sensitivity, communication, and support with our clients. Our agency works with a wide variety of clients, including single, gay, and lesbian Prospective Parents, in addition to traditional couples. With offices in Massachusetts, New York, and California, Tiny Treasures works with Egg Donors and Prospective Parents throughout the world. The New England Office of Tiny Treasures is dedicated to serving Egg Donors residing in the states of MA, NH, RI and ME.

**Donor Criteria**

- Donors must be between the ages of 21 and 32 and in good health.
- Donors must have obtained a High school diploma or GED.
- Egg Donors must be non-smokers and drug-free. Egg Donors must have abstained from smoking for at least six months prior to submitting an Egg Donor application and may not have a history of drug use. Urine toxicology tests may be completed during the Egg Donor screening process to confirm abstinence.
- Donors residing in the states of MA, NH, RI or ME must be able to travel to Massachusetts to complete an egg donation because the majority of our Prospective Parents' clinics/physicians are located in MA. The following is a list of clinics that the New England Office of Tiny Treasures regularly works with. Donors must be available to travel within 60 miles to attend appointments at any of these clinics (alternate transportation options may be available to Donors who do not own or have access to an automobile):
  - Brigham & Women's Hospital in Boston, MA (satellite site in Danvers, MA)
  - Cardone Reproductive Medicine & Infertility in Stoneham, MA
  - Fertility Center of New England in Reading, MA (satellites sites in Dedham, MA; Westborough, MA; Bedford, NH; and Portsmouth, NH)
  - Massachusetts General Hospital in Boston, MA
  - Boston IVF in Waltham, MA (various satellite sites throughout MA and ME)
  - Reproductive Science Center in Lexington, MA (various satellite sites throughout MA, as well as in East Providence, RI and Bedford, NH)
  - Women & Infant's Hospital in Providence, RI

- We cannot accept Donors who have completed more than five donations, and we can only match our Donors for a maximum of six donations, in adherence with egg donation guidelines set forth by the American Society for Reproductive Medicine (ASRM).
- Donors are responsible for updating their profile/application annually.
- Donors' Body Mass Index must be between 18 and 29 because overweight Donors' health and egg quality may be at placed risk when taking medications necessary for an egg donation cycle. Please visit the Centers for Disease Control's website to determine your BMI at <http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>
- Donors cannot have obtained any tattoos, body piercing or blood transfusions within the past 12 months prior to initiating an egg donation. Donors may not obtain any new tattoos or body piercing while undergoing an egg donation cycle.

### **The Matching Process**

The following steps describe the typical egg donation matching process at Tiny Treasures:

1. The Donor submits an application/profile to Tiny Treasures.
2. Tiny Treasures reviews the application to ensure that the Donor meets our criteria and, if the Donor is accepted, she is included in our online Donor Database.
3. There is a "waiting period," during which we wait for Prospective Parents to show interest in working with the Donor. It is difficult to estimate the length of this waiting period (anywhere from days to months). The Donor's profile is released to Prospective Parents via our online Donor Database (no identifying information, such as Donor's name, address, contact information, etc, is released to Prospective Parents.).
4. Tiny Treasures will inform a Donor when Prospective Parents have decided that they are interested in pursuing an egg donation agreement with her.
5. Prospective Parents may ask additional questions of the Donor that are not addressed in her profile and/or may request to have a phone conversation with the Donor (which Tiny Treasures can set up anonymously via three-way calling) and/or may request to meet the Donor. The Donor can decide what level of contact with Prospective Parents, if any, she feels comfortable with.
6. Prospective Parents complete a brief profile about themselves, which will be given to the Donor they are interested in working with (minus identifying information). The purpose of this profile is to enable the Donor to get a sense of whom she will be donating to.
7. If the Prospective Parents decide that they want to work with the Donor, they must submit a non-refundable deposit equivalent to the agency fee to Tiny Treasures, to reserve that Donor. A Donor's availability cannot be guaranteed until this deposit is submitted. The Prospective Parents will then sign a service agreement with Tiny Treasures and deposit funds into a Fund Management Account to cover the financial aspects of the egg donation arrangement.
8. The Donor and Prospective Parents will then sign an egg donation contract with one another (each party will be represented by an independent lawyer). This contract will address all the legal implications of the egg donation agreement, including the legal responsibility of both parties, compensation agreement terms, ownership of eggs resulting from the donation, etc.
9. Once the contract has been signed, the Donor will then be medically and psychologically screened. The Prospective Parents' fertility clinic/physician will determine exactly what type of screening the Donor must undergo. This screening may either be completed at the Prospective Parents' clinic or Tiny Treasures can arrange for the screening to be carried out at a clinic more convenient to the Donor. Some clinics do require that the Donor be screened at their site, however, in which the case the Donor must be willing to traveling to said clinic to complete this mandatory screening.
10. If the Donor successfully passes all of her psychological and medical screening, the actual egg donation cycle begins.

### **Donation Cycle**

1. Once the matching process is complete, all medical and psychological screening must be completed before the egg donation cycle begins. Whenever possible, Tiny Treasures attempts to schedule the entire screening process during one office visit, but clinical requirements/schedules do vary. This initial consultation may require the presence of the Donor and her partner (if applicable) for a period of approximately 3 to 5 hours, depending on the clinic's screening protocol. The Donor's screening is completed as required by the Prospective Parents' clinic and may include the following:
  - **Medical Screening:** Generally consists of a series of blood tests, cervical cultures, a physical exam, and a vaginal ultrasound. This screening is carried out to confirm that the Donor is medically healthy and able to donate. Additionally, a blood test is usually required on the third day of the Donor's menses to assess hormonal levels.
  - **Genetic Screening:** Generally in the form of blood tests; investigates whether the Donor is a carrier of genetics diseases, such as Cystic Fibrosis.
  - **Psychological Screening:** Conducted by a psychologist or social worker to ensure that the Donor is aware of all the psychological implications of the egg donation process. This screening will also help determine whether the Donor is psychologically sound enough to be a Donor.
  - **Partner Screening:** If the Donor has a sexual partner, s/he may also be required to undergo blood tests to screen for sexually transmitted diseases.
2. The Donor will be put on birth control pills to help regulate her menstrual cycle and to coordinate it with the recipient's (e.g., Prospective Mother's or surrogate's) cycle.
3. If a "Lupron Cycle" is used, at (approximately) the end of the third week of her cycle, the Donor will begin taking Lupron (daily self-administered injections) to stop her ovaries from ovulating. Prior to beginning Lupron, the Donor may be monitored via a blood test and vaginal ultrasound to confirm that she is ready to administer these injections. If an "Antigon Cycle" is used, the Donor will not take Lupron, but will begin with Step 5 (see below).
4. The Donor can expect to receive a portion of her compensation, in the amount of \$750, when she begins her Lupron or Antigon injections.
5. After taking Lupron for 7-14 days, the Donor will then begin taking stimulation medication (self-administered injections), which will cause her egg follicles to grow. This medication is generally taken for 8-11 days. Though these medications come in many different brand names, Fertinex, Follistim, and Gonal-F are the most often used brands (these are also self-administered injections).
6. The Donor will be monitored during this 8-11 day period (via blood tests and vaginal ultrasounds) to ensure that her follicles are growing at an expected rate and to monitor medication dosages. This monitoring will help the physician determine what day the final HCG injection should be administered (see next step). The Donor will again be screened for STDs (via blood tests) during this time.
7. When the follicles are determined to be "ready" for retrieval, the HCG injection is given, which prepares the Donor's ovaries to release the eggs. This injection is generally injected in the muscle (clinical requirements may vary), so the needle may be somewhat longer than it has been for previous medications. The physician will inform the Donor of the exact time she should administer this injection. The timing of the HCG injection is crucial, so it is important that the Donor take the injection exactly as instructed.
8. The retrieval is scheduled for 36-40 hours after administration of the HCG injection.
9. During the retrieval, the Donor will usually be under light anesthesia and the eggs are retrieved from the Donor's ovaries via a "vacuuming procedure:" a tiny needle is inserted through the vaginal wall into the ovaries and the eggs are vacuumed from each follicle. While under anesthesia, the Donor should not feel anything during this procedure. The entire procedure itself takes only 15-30 minutes. It is the Donor's responsibility to arrange for a companion to travel with her to and from the retrieval procedure, since she will be unable to travel alone the day of the retrieval. If this is a problem, she must make alternative arrangements with Tiny Treasures prior to signing her egg donor contract to ensure that the appropriate arrangements can be made.

10. After the eggs have been retrieved, they are combined with the Prospective Father's or Sperm Donor's sperm to fertilize as many eggs as possible.
11. After the procedure, the Donor will remain at the clinic for 1-2 hours to recover from the anesthesia, after which she can return home. The Donor will be expected to rest for the remainder of the day, as she may feel some bloating, cramping and other side effects the day of the retrieval. It is required that the Donor arrange for a companion to drive her home after the retrieval. Further, it is highly suggested that her companion stay with her throughout the day, in the event that she experiences unexpected complications. Again, it is the Donor's responsibility to make arrangements for this companion.
12. The Donor will receive the remainder of her compensation within a week after the retrieval, once our agency has been informed that the retrieval is complete.
13. Donors typically resume all normal activity, with the exception of physically strenuous activity or exercise, the day after the retrieval procedure.

### **Compensation**

Tiny Treasures will offer Donors guidance in setting appropriate compensation requests. According to the American Society for Reproductive Medicine (ASRM), appropriate and suggested compensation for Donors is \$5,000. Under extraordinary circumstances, Donors may request higher compensation with Tiny Treasures' approval. Please note that Donors may not request additional compensation for lost wages and/or childcare expenses associated with the egg donation process, as Tiny Treasures considers these expenses to be encompassed in the Donor compensation. We ask that Donors recognize that the more reasonable their requested compensation, the sooner they will be matched with Prospective Parents. We also ask that Donors consider the fact that egg donation is a very costly process for Prospective Parents and can cause financial strain on many individuals who so desperately want to have a child. Compensation requests may not exceed \$10,000 per the guidelines set forth by the American Society for Reproductive Medicine (ASRM), which are as follows:

*"Although there is not consensus on the precise payment that oocyte donors should receive, at this time sums of \$5,000 or more require justification and sums above \$10,000 go beyond what is appropriate"*

### **Expenses**

As a Donor, your Prospective Parents are responsible for the expenses incurred as a result of the egg donation cycle, in addition to your Donor compensation. These expenses include the following:

- All Medical Expenses
- Donor Compensation
- Tiny Treasures' Agency Fee
- Attorney Fee
- Accidental Donor Insurance
- Excessive mileage/gas: Paid to any Donor required to drive over 60 miles *one-way* to attend required appointments for the egg donation cycle (paid @ \$0.55 cents/mile, which includes gas coverage). **Important Note:** Donors are responsible for their own transportation arrangements and expenses (including gas and mileage expenses) for any appointments located within 60 miles *one-way* of her home address.

### **Side Effects/Risks**

There are several side effects and risks that may be associated with being a Donor. These side effects and risks are as follows:

Side effects that Donors may or may not experience from the medications include: headaches, mood swings, bloating, nausea, and/or temporary stinging where the injection was administered. Donors can

expect to feel particularly bloated during the immediate period before and after the retrieval, since the hormone medications they take will cause their ovaries to swell and produce many eggs. Donors may also experience temporary weight gain (e.g., several lbs.) until their next menstrual cycle, as a result of this bloating.

If the Donor over-stimulates she may run the risk of Ovarian Hyperstimulation Syndrome, which is quite rare (occurs in less than 5% of Donors). Severe cases of this syndrome may result in damage to the Donor's ovaries. In less severe cases, Donors may experience severe bloating and strong cramping. If you show symptoms consistent with hyperstimulation, your physician may reduce your medication dosage or terminate the egg donation cycle to avoid medical complications.

With regard to the retrieval procedure, Donors are exposed to the same risks as they would be if they were undergoing any other routine invasive procedure utilizing anesthesia. Donors will be instructed to rest the day of the retrieval, but most Donors return to their normal daily activities, with the exception of physically strenuous activities or exercise, the day following the retrieval.

**Potential Long Term Risks:** Empirical studies have not demonstrated any definitive link between egg donation and infertility, cancer, or any other significant long-term health problems. Since egg donation is a relatively new procedure, however, we hope to learn more about the long-term effects of egg donation in the future when additional research becomes available.

**IMPORTANT NOTE:** Prior to beginning an egg donation cycle, it is highly recommended that Donors thoroughly discuss all potential risks and side effects with the fertility physician they are assigned to work with.

## INSTRUCTIONS FOR APPLICATION SUBMISSION

- 1) Be sure to read through the *entire* Egg Donor Information and Application Packet thoroughly and that you understand it completely before submitting an Egg Donor Application. You may contact our office with any questions you may have prior to submitting your Egg Donor Application.
- 2) Complete the application and submit it to our office either electronically (e.g. via computer) or hard copy via the U.S. Mail. It is preferred that you complete the application electronically, if possible.
- 3) Email or mail us a minimum of four recent photos, as well as a minimum of three childhood photos, of yourself. Each Donor is required to submit a minimum of two recent close-up face photos, two recent full-length photos, one baby photo, one childhood photo, and one adolescent photo. These photos will be posted in our online Donor Database at our discretion. This database is password protected, so that only Tiny Treasures' Prospective Parents can view them. We prefer that you scan the photos, save them as .jpeg or .gif files, and email them to us. If you only have hard copies of the photos, please mail them to us at the address below and we will scan them and return them to you upon request (if you want the photos returned to you, you must specify this request and include a self-addressed stamped envelope with your photos; otherwise the photos will not be returned to you). Please note that Tiny Treasures will crop out any person other than yourself from all photos and we do not release photos of our Donors' family to Prospective Parents. We strongly recommend that you do not submit photos that you have taken of yourself and/or that you have taken with camera phones, as these do not present well when posted in the Donor Database. Prospective Parents often heavily rely on Donors' photos to determine which Donors will be a good match for them, so we strongly suggest that you are thoughtful about choosing appropriate photos of yourself in which you present well.
- 4) Email or mail us a copy of your driver's license or other valid photo identification card. Please make sure the copy is legible. This document will be kept confidential and will not be shared with any other parties - we only use it to verify your identity.
- 5) Email or mail us a signed copy of the Commitment Agreement located at the beginning of this application, in addition to the two consent forms found at the end of this application. Signed original forms must be *mailed* to us. You are much more likely to be matched if your photos and non-identifying information is posted on our online Donor Database. If, however, you do not want your photos on our online Donor Database, then please clearly indicate this on your Egg Donor Application and we will only list your non-identifying profile on our website database and will instruct interested Prospective Parents to contact us directly to obtain your photos. Unless you explicitly inform us that you do not want your photos to be posted on our website database, however, your photos *will* be posted on the website.
- 6) Email or mail us copies of all your undergraduate and graduate college transcript(s), as well as test score reports for any testing completed for graduate school entrance (e.g., GRE, LSAT). If you scored over 1200 on the SAT or over 26 on the ACT, you must also submit the score report for this test. If you scored under 1200 on the SAT or under 26 on the ACT, you do not need to submit your score report with your application at this time, but you may be required to submit the score report at a later time, if requested by the Prospective Parents with whom you are matched for an egg donation cycle.

**Tiny Treasures National**  
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**Egg Donor Application Checklist:**

- ❑ Egg Donor Information and Application Packet has been completely read and understood.
- ❑ 3 Signature Pages (we require signed hard copies)
  - 1) Commitment Agreement
  - 2) Confirmation of Application Information
  - 3) Release of Photo and Donor Profile
- ❑ Completed Egg Donor Application.
- ❑ Photos:
  - Minimum of two recent close-up photos
  - Minimum of two recent full-length photos
  - Minimum of one baby photo
  - Minimum of one childhood photo
  - Minimum of one adolescent photo
- ❑ Photocopy of driver's license or valid photo identification card.
- ❑ Standardized test score reports and college transcripts.

Any materials described above may be scanned and emailed if the application is submitted electronically. Please email electronic egg donor application to:  
**contact@tinytreasuresagency.com**

Please mail hardcopy egg donor application materials to:

**Tiny Treasures, LLC**  
*Attention: Donor Application Coordinator*  
**15 New England Executive Park**  
**Burlington, MA 01803**

Donor# \_\_\_\_\_ (for office use only)

**Tiny Treasures, LLC**  
**Commitment Agreement**

Please do *not* submit an Egg Donor Application unless you are absolutely certain that you are ready to commit to being a Donor. If you have any hesitations, concerns, or questions before submitting your application, please contact us and we will be happy to address these with you. Your application submission indicates to us that you have thoroughly read this egg donor information packet, as well as informed yourself about egg donation, and that you are comfortable and ready to proceed with a donation cycle.

Since the process of choosing a Donor is a lengthy, complex, and painstaking process, it can be heartbreaking to Prospective Parents to choose a Donor who opts not to donate or is unavailable to donate after being chosen. For this reason, we ask that you be prepared to fully commit to donate upon submitting a Donor application, as well inform us if you are no longer available to donate at any time. It is acceptable to have schedule restrictions, but please be sure to inform us of any such restrictions as they arise.

I have read the statement above and thoroughly understand the commitment I am making.

Donor's Printed Full Name: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

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

**Tiny Treasures, LLC**  
*An Egg Donation Facilitation Agency*

**Egg Donor Application**

Donor# \_\_\_\_\_ (for office use only)

*Note: This information is for office and clinic use only and will not be released to the Prospective Parents. Your confidentiality is extremely important to us.*

**Face Sheet (to be released to Fertility Clinic, but not to Prospective Parents):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Maiden name or any other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*Home Address:*

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

*Current Mailing Address (if different than above):*

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Can we leave you messages at this phone number?

Cell Phone Number: \_\_\_\_\_ Can we leave you messages at this phone number?

Work Phone number: \_\_\_\_\_

Can we contact you at work?  Can we leave you messages at your work phone number?

Email Address: \_\_\_\_\_

Marital Status (check one – place check to the LEFT of your choice):

Single  Married  Separated  Divorced  Partner (boyfriend/girlfriend)  Widow

Spouse's or Partner's Full Name (if applicable): \_\_\_\_\_

In case of an emergency, whom should we contact? \_\_\_\_\_

What is his/her relationship to you? \_\_\_\_\_

Emergency Contact's Phone Number(s): \_\_\_\_\_

**Tiny Treasures, LLC**  
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Donor# \_\_\_\_\_ (for office use only)

**Miscellaneous Information Section I (to be released to Tiny Treasures only):**

Date of Application Submission:

Tiny Treasures will offer guidance in setting appropriate compensation requests. Appropriate and suggested compensation for Donors is \$5,000. Under extraordinary circumstances, Donors may consider requesting higher compensation with Tiny Treasures' approval. Compensation requests may not exceed \$10,000 per the guidelines set forth by the American Society for Reproductive Medicine (ASRM).

Requested compensation:

Is this compensation request negotiable?

What is the *least* amount of compensation you will consider accepting for an egg donation?

When will you be available for an egg donation?

Do you have any scheduling restrictions? (Please remember to keep us updated of any schedule restrictions as they arise and notify us if you have been matched for a donation through any other means):

How did you hear about Tiny Treasures, LCC (please be as specific as possible)?

Are you currently listed with other egg donation clinics or agencies? If so, which ones? (Please remember to notify us if you have been matched for a donation through any other agency/clinic):

Would you be interested in being considered for a surrogacy program?

**Please notify Tiny Treasures' staff if your responses to any of these questions change while you are listed as a Donor with our agency.**

**Tiny Treasures, LLC**  
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Donor# \_\_\_\_\_ (for office use only)

**Miscellaneous Information Section II (to be released to Tiny Treasures only):**

Have you traveled or resided outside of the United States for any period of time longer than 3 months at a time during your lifetime? If so, when and where? Please be as detailed as possible. ***Note: If you have lived in Europe for over 3 months at any point in your lifetime, please contact our office before completing this application to determine your eligibility to be an Egg Donor.***

Do you plan to travel outside of the United States in the future? If so, please describe when, where and for how long. (Note: please inform Tiny Treasures' staff if you make plans to travel internationally after submitting your Donor Application)

Have you had any tattoos, piercing, blood transfusion etc in the last 12 months? If so, when? (Note: donors cannot have received any tattoos, body piercing or blood transfusion during the 12 months prior to initiating screening for an egg donation)

Does your sexual partner/husband understand that s/he may also be required to undergo screening (blood tests) to make sure he is free of Sexually Transmitted Infections, HIV, and other communicable diseases? Your partner/husband understands that s/he may be required to travel WITH you to the clinic for a day?

Have you ever had a blood transfusion? If so, when and why?

Have you ever received growth hormone made from human pituitary glands?

Have you ever had a dura mater transplant?

Have any of your blood relatives ever had Creutzfeldt-Jakob disease?

**Please notify Tiny Treasures' staff if your responses to any of these questions change while you are listed as a Donor with our agency.**

**Tiny Treasures, LLC**  
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Donor# \_\_\_\_\_ (for office use only)

***To be released to Prospective Parents and posted on Tiny Treasures' online password-protected Donor Database:***

Month & Year of Birth:

State of Residence:

Current Occupation:

How long have you been employed in this occupation?

Marital Status (check one – place check to the LEFT of your choice):

\_\_\_\_Single \_\_\_\_Married \_\_\_\_Separated \_\_\_\_Divorced \_\_\_\_Partner (boyfriend/girlfriend) \_\_\_\_Widow

Do you drive and have a valid driver's license?

Do you own a car?

Are you willing to travel for an egg donation?

Are you willing to fly on an airplane for an egg donation?

Do you have medical insurance?

What is your religion and are you currently practicing this religion?

Are you adopted?

If so, do you have information about your biological family?

Do you have any legal cases pending against you? If so, please explain.

Have you ever filed bankruptcy?

Have you been convicted of a crime? If so, please explain.

Do you prefer to do an anonymous donation? Do you prefer, or are you willing, to talk to or meet the Prospective Parents? Please elaborate:

Are you willing to donate to gay Prospective Parents?

Are you willing to donate to international Prospective Parents?

Are you willing to donate to a single Prospective Parent?

Are there any types of Prospective Parents who you will not donate to? If so, please elaborate:

If you are an experienced Egg Donor, please complete the following section:

Date	Clinic/Doctor	# Eggs Retrieved	# Embryos	Pregnancy?	Type of Pregnancy (single, twins, etc.)

Have you told your family and friends about your decision to donate? If so, who have you told and are they supportive of your decision?

Do you currently smoke?

Have you ever smoked in the past? If so, list approximately dates during which you smoked and how frequently you smoked (e.g. number of cigarettes or packs per day or week):

Have you had and/or been treated for a substance/alcohol abuse/addiction problem?

Do you use illegal drugs?

Are you currently taking birth control pills? If so, what type?

Other than birth control pills, are you currently taking any prescription medication?

If so, please elaborate (name of medication, dosage, duration of use, purpose, etc.):

Do you take any herbal remedies or supplemental vitamins on a continual basis? If so, please describe.

Please list any surgeries or hospitalizations and dates they occurred?

Have you ever been under the treatment of a psychiatrist or psychologist for a psychological disorder? If so, please list approximately dates of treatment, treatment duration and reason(s) for treatment.

**Personal and Family Demographics**

Ethnicity *(please be as specific as possible)*:

Race:

Blood type & RH Factor *(if unknown, please consult with your primary care physician to obtain this information or plan to obtain a blood type test, as it is important to some prospective parents)*:

Height:

Weight:

Natural hair color:

Eye color:

Hair texture (check as many as apply; place a check mark to the LEFT of your choices):

straight  curly  thick  thin  wavy

Skin Tone (check one; place check to the LEFT of your choice)

fair  medium  olive  dark  other

How would you describe your ability to tan? (*tan easily, tend to sunburn, etc*)

Build (check one – place check to the LEFT of your choice):  petite  medium  large

Have you ever worn braces? If so, during what age(s)?

Shoe Size:

Dimensions (Bust Measurements/Waist/Hips):

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### **Biological Mother**

Ethnicity (*please be as specific as possible*):

Race:

Age:

Height:

Weight:

Eye Color:

Natural Hair Color:

Hair texture (check as many as apply; place a check mark to the LEFT of your choices):

straight  curly  thick  thin  wavy

Skin Tone (check one; place check to the LEFT of your choice)

fair  medium  olive  dark  other

How would you describe her ability to tan? (*tan easily, tend to sunburn, etc*)

Health Condition:

Personality Description:

Occupation:

College Degrees (if any):

Talents/Hobbies:

Number of Brothers:

Number of Sisters:

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**Biological Father**

Ethnicity (*please be as specific as possible*):

Race:

Age:

Height:

Weight:

Eye Color:

Natural Hair Color:

Hair texture (check as many as apply; place a check mark to the LEFT of your choices):

straight  curly  thick  thin  wavy

Skin Tone (check one; place check to the LEFT of your choice)

fair  medium  olive  dark  other

How would you describe his ability to tan? (*tan easily, tend to sunburn, etc*)

Health Condition:

Personality Description:

Occupation:

College Degrees (if any):

Talents/Hobbies:

Number of Brothers:

Number of Sisters:

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***NOTE: Please copy and paste additional sections if you have more than one sibling and note if the sibling is a half-sibling. We do not require information regarding non-biological step or adopted siblings.***

**Biological Sibling of Donor**

Gender:

Age:

Height:

Weight:

Eye Color:

Natural Hair Color:

Hair texture (check as many as apply; place a check mark to the LEFT of your choices):

straight  curly  thick  thin  wavy

Skin Tone (check one; place check to the LEFT of your choice)

fair  medium  olive  dark  other

How would you describe his/her ability to tan? (*tan easily, tend to sunburn, etc*)

Health Condition:

Personality Description:

Occupation:

College Degrees (if any):

Talents/Hobbies:

Age and sex of children, if any:

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**Biological Sibling of Donor**

Gender:                      Age:

Height:                      Weight:

Eye Color:                      Natural Hair Color:

Hair texture (check as many as apply; place a check mark to the LEFT of your choices):

straight  curly  thick  thin  wavy

Skin Tone (check one; place check to the LEFT of your choice)

fair  medium  olive  dark  other

How would you describe his/her ability to tan? (*tan easily, tend to sunburn, etc*)

Health Condition:

Personality Description:

Occupation:

College Degrees (if any):

Talents/Hobbies:

Age and sex of children, if any:

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**Biological Grandparents of Donor**

Please complete the following chart with the requested information regarding your biological grandparents:

	<b>Hair Color</b>	<b>Eye Color</b>	<b>Age</b>	<b>Deceased? If yes, indicate age of death</b>
<b>Maternal Grandmother</b>				
<b>Maternal Grandfather</b>				
<b>Paternal Grandmother</b>				
<b>Paternal Grandfather</b>				

**Academic Information:** *Please note that all college transcripts and standardized test reports must be submitted to Tiny Treasures.*

What degree(s) do you currently hold (e.g., high school diploma, Bachelor's, Master's, Ph.D., M.D., J.D., R.N., etc.):

High School GPA:

Year of high school graduation:

Did you receive any awards, honors, scholarships, etc. while in high school? If so, please elaborate:

Were you involved in any extra-curricular activities in high school? If so, please elaborate.

Which subjects did you enjoy most in high school?

SAT Scores: Quantitative:                      Verbal:

GRE Scores: Quantitative:                      Verbal:                      Analytical:

LSAT Score:

ACT Score:

IQ Score (if known):

Name and dates of undergraduate college(s) attended (if any):

Undergraduate G.P.A.:

Major Area(s) of Study:

What year did you graduate or what year do you expect to graduate from your undergraduate program? If you started the program, but did not and will not complete it, please be sure to indicate this.

Did you receive any awards, honors, scholarships, etc. in your undergraduate program? If so, please elaborate:

Were you involved in any extra-curricular activities in your undergraduate program? If so, please elaborate.

Which subjects did you enjoy most in college?

Name and dates of *graduate* programs(s)/law school/medical school attended (if any):

Graduate Program G.P.A.:

Major Area(s) of Study:

What year did you graduate or what year do you expect to graduate from your graduate program? If you started the program, but did not and will not complete it, please be sure to indicate this.

Did you receive any awards, honors, scholarships, etc. in your graduate program? If so, please elaborate:

Were you involved in any extra-curricular activities in your graduate program? If so, please elaborate.









**IMPORTANT: Please elaborate on any medical conditions endorsed above. For any major medical conditions/illnesses endorsed, list age of onset, treatment required, the extent to which illness has been debilitating, recovery information, etc. Also, for all grandparents, aunts, uncles, and cousins that had/has an illness/medical condition, list whether they are from the maternal or paternal side of your family:**

Are there any other medical conditions in your family not addressed above that your Prospective Parent(s) should be aware of?

Please list the deaths of any parents, siblings, aunts, uncles, and grandparents. Include the relationship of the individual to you (also specify whether paternal or maternal relative), age of death, and cause of death:

Have you ever been screened to determine whether you are a carrier of a cystic fibrosis gene mutation?

Are you or any of your family members known carriers of a cystic fibrosis gene mutation?

Have you ever been tested for the Tay-Sachs gene mutation?

Are you or any of your family members known carriers of a Tay-Sachs gene mutation?

Have you ever been tested to determine whether you a carrier of sickle cell anemia?

Are you or any of your family members known carriers of sickle cell anemia?

Do you exercise? If so, what type of exercise and how often?

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**Sexual/Reproductive History:**

Describe the typical length of your menstrual cycle (e.g., normal 28 days cycle? Shorter? Longer?):

How long does your menstrual cycle flow typically last?

Do you experience PMS-related symptoms before or during your period (e.g., cramping, bloated, etc.)? If so, please elaborate:

Have you or any of your family members been diagnosed with endometriosis?

Have you ever tested positive for a Sexually Transmitted Infection (STI)? If so, when and how was it treated?

Have you ever had an abnormal pap smear? If so, when and how was it treated?

Have you ever been pregnant?

Do you have children? Please elaborate (children's gender and month/year of birth):

Have you ever experienced any pregnancy complications such as, pre-term labor, gestational diabetes, placenta previa, emergency cesarean section, preeclampsia, etc?

Have you ever had an abortion? If so, please list dates:

Has anyone in your family given birth to fraternal or identical twins? If so, please elaborate:

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### **Personality Questions**

Why have you decided to undergo egg donation?

Describe your personality as an adult:

Describe your personality as an adolescent:

Describe your personality as a child:

What is your “philosophy of life”?

What are your personal goals? Have you achieved any of these goals?

What personal achievement are you most proud of?

*What is your:*

Favorite color?

Favorite type of food?

Favorite movie?

Favorite type of music?

Favorite book?

What are your special interests/hobbies/talents?

Would you be willing to meet a child conceived as a result of your donation? Please elaborate:

Is there anything else you would like to tell Prospective Parents interested in working with you?

Donor# \_\_\_\_\_ (for office use only)

**Tiny Treasures Organization, LLC**

**Confirmation of Application Information**

Under penalty of perjury, I attest that all of the information I have provided in my Donor Application is true, to the best of my knowledge.

I confirm that I have thoroughly read, understand, and agree to the information and Donor responsibilities described in the Egg Donor Information and Application Packet. Further, I confirm that I have had all of my questions pertaining to egg donation answered and feel that I am fully ready to proceed as an Egg Donor.

I understand that I will be required to complete a new Egg Donor Application for Tiny Treasures, LLC on an annual basis.

As long as I am represented by Tiny Treasures, LLC I agree to inform its representatives if, at any time, I no longer want to and/or am unable to donate, as well as if I become matched with Prospective Parents for an egg donation via any other means.

Donor's Printed Full Name: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

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

Donor# \_\_\_\_\_ (for office use only)

**Tiny Treasures Organization, LLC**

**Release of Photo and Donor Profile**

I authorize Tiny Treasures, LLC to post my photos and Donor Profile on Tiny Treasures, LLC's password-protected online Donor Database. I understand that the passwords for this online Donor Database are only distributed to Prospective Parents and, for the privacy of Tiny Treasures, LLC's Donors, cannot be released to me or any other Donor represented by Tiny Treasures, LLC.

I also authorize Tiny Treasures, LLC to use my photo in email updates to be sent exclusively to Prospective Parents who have registered for access to the password protected database, informing them of new donors being added to the database.

Donor's Printed Full Name: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

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