

The Basic Qualifications of our Donors

- All our donors are between the ages of 19- 25, in good health, and free of tobacco for the donation cycle. We do a strict check for street drugs. Urine tests will confirm this during the initial physical exam by the fertility Physician.
- All of them are HIV and hepatitis negative.
- Severely overweight Donors are not accepted as the Donors health and egg quality may be compromised.
- They must be able to commit to the entire donation process, and be able to demonstrate integrity and dependability throughout it.
- They must be comfortable with their decision to donate their eggs to assist an infertile couple or a single parent in conceiving a child.
- If they are married, their Husband will also be required to sign a consent form regarding their decision to donate.

Egg Donor Details



Physical Characteristics

| | |
|---------------------------------------|----------------|
| Name | : Divya Bharti |
| Age | : 20 Yrs. |
| Height | : 5'3" |
| Weight | : 42 Kgs |
| Body Build | : Slim |
| Eye Color | : Brown |
| Hair Color | : Brown |
| Hair Type (Straight, Wavy, Thin, etc) | : Straight |
| Complexion | : Fair |
| Vision | : Perfect |
| Right/Left handed | : Right |

Personal Information

| | |
|-------------------------------------|-------------------------------|
| Nationality | : Indian |
| Religion | : Hindu |
| Marital Status | : Unmarried |
| Children (if any) | : No |
| Hobbies | : Dancing, Photoshoot |
| Favorite Movie | : All |
| Favorite Color | : Soft Pink, Black |
| Favorite Book | : The Lighten World |
| Favorite TV show | : Cheaters |
| Favorite Place | : Goa |
| Favorite Food | : Indian Food |
| Favorite Music | : Pitbull Songs, Nicki Ninjas |
| Favorite Animal | : Dog |
| Exercise (Yes/No) | : Yes, Yoga |
| If yes, then the type & frequency | : 3 Times in a week |
| Smoking (Yes/No) | : No |
| If yes, then the amount & frequency | : None |
| Alcohol (Yes/No) | : No |
| If yes, then the amount & frequency | : None |

Education and Work Information

| | |
|----------------------------------|-----------------------|
| Highest Level of Education | : Pursuing Graduation |
| Currently Employed | : Yes |
| If yes, then current designation | : Events & Activities |

Ob/Gyn History

Cycle length : 6 Days
Regular/irregular? : Regular
Are you using any contraceptives : No
presently? If so, which one?
No of pregnancies (If Any) : No
Miscarriages (If Any) : No
Abortions (If Any) : No
Previous Donor - Yes/No (please include : No
the year and outcome)

Personal Health & Medical Information

Does the donor or anyone in her family had any of the following conditions?

| Condition | Yes | No |
|---|-----|----|
| 1. Down's Syndrome | | ✓ |
| 2. Deafness (prior to age 50) | | ✓ |
| 3. Blindness | | ✓ |
| 4. Cataracts | | ✓ |
| 5. Serious Birth Defects | | ✓ |
| 6. "Open Spine" or "Water on the Brain" (Neural tube defects) | | ✓ |
| 7. Congenital Heart | | ✓ |
| 8. Two or More Miscarriages or Stillborn | | ✓ |
| 9. Diabetes Mellitus | | ✓ |
| 10. Thyroid Disease | | ✓ |
| 11. Progressive Kidney Disease | | ✓ |
| 12. Skin Disease | | ✓ |
| 13. Arthritis | | ✓ |
| 14. Hemophilia | | ✓ |
| 15. Anemia | | ✓ |
| 16. Cancer | | ✓ |
| 17. Edema | | ✓ |
| 18. Epilepsy | | ✓ |
| 19. Goiter | | ✓ |
| 20. Gout | | ✓ |
| 21. Hernia, Inguinal | | ✓ |
| 22. Myasthenia Gravis | | ✓ |
| 23. Parkinson's Disease | | ✓ |
| 24. Paraplegia | | ✓ |

| Condition | Yes | No |
|----------------------------------|-----|----|
| 25. Varicose Veins | | ✓ |
| 26. Cirrhosis | | ✓ |
| 27. Emphysema | | ✓ |
| 28. Lymphedema | | ✓ |
| 29. Heart Attacks | | ✓ |
| 30. Sexually Transmitted Disease | | ✓ |

Family Health History

Father

Living: Yes

Age (or age at death): 49 Yrs.

| Any Health Problems | Age Diagnosed |
|---------------------|---------------|
| No | None |
| | |
| | |

Mother

Living: Yes

Age (or age at death): 42 Yrs

| Any Health Problems | Age Diagnosed |
|---------------------|---------------|
| No | None |
| | |
| | |

Siblings (if any)

| Sex | Age | Health Problems | Age Diagnosed |
|-----|-----|-----------------|---------------|
| | | | |
| | | | |
| | | | |

Children (if any)

| Sex | Age | Health Problems | Age Diagnosed |
|-----|-----|-----------------|---------------|
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