

# *B. Coming* Options to Infertility

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## Fertility Assistant Profile – Egg Donor – Part II

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

### I. Family Healthy History and Longevity

Answer: Y = Yes (Leave Blank) = No U = Unknown

Disease	You	Your Children	Your Mother	Your Father	Your Siblings	Maternal Grand Mother	Maternal Grand Father	Paternal Grand Mother	Paternal Grand Father
Acne									
Adrenal Dysfunction									
Adrenal Disorder									
AIDS									
Alcoholism									
Allergies									
Alzheimer's Disease									
Anemia									
Arthritis									
Asthma									
Birth Deformities									
Blindness/Color Blindness									
Blood Disorders									
Breast Cancer									
Cancer (Type)									
Cataracts									
Cerebral Palsy									
Cervix Cancer									
Chemical/Radiation Exposure									
Chronic Bronchitis									
Chronic Muscle Disease									
Cleft Lip									
Colitis									
Colon Cancer									
Convulsions									
Creutzfeldt-Jacob Disease									
Crohn's Disease									
Cystic Fibrosis									
Deafness (Birth/Childhood)									
Deafness (before age 50)									
Diabetes									
Drug Abuse									
Down's Syndrome									
Dwarfism									
Ear Deformity									

Disease	You	Your Children	Your Mother	Your Father	Your Siblings	Maternal Grand Mother	Maternal Grand Father	Paternal Grand Mother	Paternal Grand Father
Eczema									
Epilepsy									
Extreme Nervousness									
Eye Disease									
Gallstones									
Goiter									
Gout									
Glasses/Contact Lenses									
Gaucher's Disease									
Glaucoma									
Hardening of Arteries									
Hayfever									
Heart Attack (Age?)									
Heart Disease									
Heart Murmur									
Hemophilia									
Hepatitis									
High Blood Pressure									
Huntington's Disease									
Hydrocephalus									
Hyperactivity									
Hypoglycemia									
Hypospadias									
Immune Deficiency									
Intestinal Cancer									
Kidney Problems									
Learning Disability									
Leukemia									
Liver Disease/Cirrhosis									
Liver Cancer									
Lower Back Disorders									
Lung Disease/Emphysema									
Lung Cancer									
Lupus									
Manic Depression									
Mental Illness									
Mental Retardation									
Migraines									
Multiple Sclerosis									
Muscular Dystrophy									
Nervous System Problems									
Obesity									
Osteoporosis									
Ovarian Cancer									
Ovarian Cysts									
Paralysis									
Parkinson's Disease									
Pigmentation Disorders									
Pneumonia									
Prostate Cancer									Y
Psychological Imbalance									
Retinal Blastoma									
Schizophrenia									

Disease	You	Your Children	Your Mother	Your Father	Your Siblings	Maternal Grand Mother	Maternal Grand Father	Paternal Grand Mother	Paternal Grand Father
Senility (before age 50)									
Skin Disorders									
Skin Cancer									
Sickle Cell Anemia									
Speech Problems									
Spina Bifida									
Stroke (age?)									
Tay Sachs Disease									
Thalassemia									
Thyroid (High or Low)									
Thyroid Cancer									
Tuberculosis									
Tumors									
Ulcerative Colitis									
Ulcers									
Undescended Testicle									
Uterine Cancer									
Uterine Fibroid									
Wilson's Disease									
Other									
Present Age (or age and cause of passing)									

## IX. Extended Family Profiles

### Biological Maternal Grandmother of Fertility Assistant:

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_

Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy

Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses

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

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

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

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

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

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) \_\_\_\_\_

**Biological Maternal Grandfather of Fertility Assistant:**

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_  
 Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy  
 Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses  
 Natural Hair Color: \_\_\_\_\_ Type: (Curly, Waive, Straight, etc.) \_\_\_\_\_  
 Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_  
 Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  Easy  
 Freckles: (Light, Medium, and Heavy) \_\_\_\_\_ Location: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 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) \_\_\_\_\_

**Biological Paternal Grandmother of Fertility Assistant:**

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_  
 Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy  
 Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses  
 Natural Hair Color: \_\_\_\_\_ Type: (Curly, Waive, Straight, etc.) \_\_\_\_\_  
 Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_  
 Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  Easy  
 Freckles: (Light, Medium, and Heavy) \_\_\_\_\_ Location: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 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) \_\_\_\_\_

**Biological Paternal Grandfather of Fertility Assistant:**

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_  
Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy  
Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses  
Natural Hair Color: \_\_\_\_\_ Type: (Curly, Waive, Straight, etc.) \_\_\_\_\_  
Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_  
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Freckles: (Light, Medium, and Heavy) \_\_\_\_\_ Location: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
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) \_\_\_\_\_

**Biological Mother of Fertility Assistant:**

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_  
Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy  
Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses  
Natural Hair Color: \_\_\_\_\_ Type: (Curly, Waive, Straight, etc.) \_\_\_\_\_  
Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_  
Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  Easy  
Freckles: (Light, Medium, and Heavy) \_\_\_\_\_ Location: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
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) \_\_\_\_\_

**Biological Father of Fertility Assistant:**

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_  
 Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy  
 Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses  
 Natural Hair Color: \_\_\_\_\_ Type: (Curly, Waive, Straight, etc.) \_\_\_\_\_  
 Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_  
 Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  Easy  
 Freckles: (Light, Medium, and Heavy) \_\_\_\_\_ Location: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 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) \_\_\_\_\_

**Biological (Or Half) Sibling of Fertility Assistant:**Sex:  Male  Female

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_  
 Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy  
 Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses  
 Natural Hair Color: \_\_\_\_\_ Type: (Curly, Waive, Straight, etc.) \_\_\_\_\_  
 Condition of Hair: (Balding, Thinning, Average, Thick, etc.) \_\_\_\_\_  
 Complexion:  Fair  Medium  Dark Tanning Ability:  None  Slight  Moderate  Easy  
 Freckles: (Light, Medium, and Heavy) \_\_\_\_\_ Location: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 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) \_\_\_\_\_

**Biological (Or Half) Sibling of Fertility Assistant:**

Sex:  Male  Female

Year of Birth: \_\_\_\_\_ Ethnic Ancestry: \_\_\_\_\_

Height: \_\_\_\_\_ Physical Build:  Very Slight  Slight  Medium  Heavy  Very Heavy

Eye Color: \_\_\_\_\_ Wears Corrective Lenses?  Yes  No  Reading Glasses

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

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

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

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

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

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) \_\_\_\_\_

All information given in the application is true and correct to the best of my knowledge and I agree that you may keep this application whether or not you approve it. By submitting this complete form, I authorize you to obtain any information you feel is necessary in connection with the application. Finally, I authorize you to release my pictures and to give information about me to prospective patients, physicians, and any other health care professional. I also understand that the information I provided may be used to conduct a driving records check, criminal background check, and other records where required by local, state, or federal law.

I also, understand, that once B Coming has matched me with a Recipient and B Coming has started incurring Fee's for my medical screening, and I decide to cancel (for any reason), I will be **liable** for all fee's that apply (medical screening, laboratory testing, medications, background check, experience credit check, profile set up fee of \$350.00, etc). If for any reason, the above expenses is not paid within 30 days, B Coming will **report** my Debt to **Experian Credit Bureau** and will stay on my credit report for Seven Years. B Coming is committed to provide responsible Egg Donors and Surrogate Mothers. B Coming has taken this action, to protect all parties involved from Fraudulent people working the system.

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

\_\_\_\_\_  
On file

Signature

**B Coming**

PO Box 6807 – Beverly Hills, CA 90212

phone: 310-247-0616 – fax: 310-247-0059 – email: [info@b-coming.com](mailto:info@b-coming.com) – website: [www.b-coming.com](http://www.b-coming.com)

*B Coming* Options to Infertility

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**Picture Release**

I here by authorize B Coming to publish my personal pictures (that I've submitted with my application) on, but not limited to, the B Coming website and informational packets for prospective parents. Only prescreened prospective parents, physicians and other healthcare professionals will have access to these profiles.

Print Name: \_\_\_\_\_

Signature: Signature on File \_\_\_\_\_

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

## Cystic Fibrosis Carrier Testing

### What is Cystic Fibrosis?

- A. Cystic Fibrosis (CF) is an inherited disease that affects more than 25,000 American children and young adults.
- B. Symptoms of CF vary but include lung congestion, pneumonia, diarrhea and poor growth. Most people with CF have severe medical problems and some die at a young age. Others have so few symptoms they are unaware they have CF.
- C. CF does not affect intelligence.
- D. Although there is no cure for CF at this time, scientists are making progress in improving treatment and in searching for a cure. In the past many people with CF died at a very young age. Today, many are living into their 20's and 30's.

### Is there a change my baby could have cystic fibrosis?

- o You can have a child with CF even if there no history in your family (see chart below)

Approximate risk that a couple with *no family history* of CF will have a child with CF

Ethnic Background	Risk
Caucasian couple	1 in 3,000
Hispanic couple	1 in 8,000
African American couple	1 in 15,000
Asian American couple	1 in 32,000

- o CF testing can help determine if you are a carrier and at risk to have a child with CF.
- o If both parents are carriers, there is a 1 in 4 (25%) a chance, with each pregnancy, that they will have a child with CF.
- o Carriers have one normal CF gene and one altered CF gene.
- o People with CF have two altered CF genes.
- o Most people have two normal copies of the CF gene.
- o In Caucasian couples, if one person tests negative, the risk decreases to **1 in 16,240**
- o In Caucasian couples, if both tests negative, the risk decrease to **1 in 78,400**

### What testing is available?

- A. There is a blood test that can be done to find out if you or your partner is a carrier.
- B. A National Institutes of Health (NIH) consensus statement developed by a panel of experts representing medical, legal, ethical and public perspectives recommends that CF carrier testing be offered to any couple planning a pregnancy and any individual with family history of CF.
- C. It is important to understand that CF carrier testing does not detect all CF carriers.
- D. If the test shows that you are both CF carriers, your unborn baby can be tested to find out if the baby has CF.

### How long it would take have Cystic Fibrosis test results?

- o These tests may take 2 weeks to get results. If you want to do this test, B Coming will recommend you a clinic.