

Messege to the Potential Couple



Surrogate Candidate



With Family Members



With Family Members

本位代孕妈妈来自于美国田纳西州，2015年2通过SAP代孕资格筛查。美国田纳西州有代孕法，可以为需求家庭办理准生证和出生证，同时已经完成了全部的视频采访。

该代孕妈妈生于1983年，是三个孩子的母亲，本人职业为注册护士助理，基督教，性格内嵌，该代孕妈妈与相处15年的未婚夫生育了三个孩子，全部为自然生产，没有剖腹产历史。美中不足的是目前一直没有结婚。该代孕妈妈没有同意减胎，没有同意为乙肝抗体阳性的贵宾提供代孕妊娠。

Erin and the family from TN



Messege from Cynthia Frye

| | |
|---------------------------------|--|
| Name of SAP Case Manager | Cynthia |
| Name of Agency | Surrogate Matching |
| Surrogate Service History since | 2012 |
| Responsblities | Providing core value services in SAP program. Presenting the high qualified surrogate candidate with evaluation assistances for the purpose of getting the surrogate approved for entering the contractual status. |
| Contact Phone Number | 503-995-3301 |
| Email | cynthia@surrogatematching.com |

ProfilesPresentation

Surrogate Applicant SAP ID

Surrogate Applicant Nick Name

Erin

Interview by

Cynthia

Agency SAP Mother # 代孕妈妈档案号 _____ Surrogate Application Date 代孕妈妈申请日期 _____ Today 今天 15-3-4
Reserved to IP 已预订给客户 Ready for Reservation Reserved Date 预订日期

GESTATIONAL CARRIER PROFILE REPORT 代孕妈妈资格筛查报告

| | |
|----------------------|------------------------|
| Nick Name 姓: | Erin |
| Marital Status 婚姻状况: | Committed Relationship |
| Home State 居住州: | |
| Experienced 代孕次数: | Never |
| Education 受教育程度: | Please Select |

| | |
|--|---------------|
| Blood Type 血型: | Please Select |
| Ready for Match 准备匹配就绪: | Please Select |
| weight 体重: | |
| Height 身高 | |
| Number of biological Children 自己有几个孩子: | 3 |



| SERVICE PROVIDED 提供服务 | DATE 日期 | SERVICE PROVIDED BY ORGANIZATION 提供服务机构 | BY 完成人员 | STATE 状态 |
|--|-----------|---|---------|---------------|
| Registration Form 代孕妈妈问卷 | 2015-1-9 | YULANE Fertility Services 玉兰辅助生育中心 | | Approved 审阅合格 |
| Criminal Background Check 代孕妈妈无犯罪记录 | 2015-2-18 | YULANE Fertility Services 玉兰辅助生育中心 | | Approved 审阅合格 |
| History of Medical Record 代孕妈妈医疗史 | 15-21-9 | Yulane IHR 玉兰HRI试管婴儿医院 | | Approved 审阅合格 |
| Physiological Evaluation 代孕妈妈常规身体检查 | 2015-2-24 | Yulane IHR 玉兰HRI试管婴儿医院 | | Approved 审阅合格 |
| Blood Test 血液检查 | 2015-1-9 | Yulane IHR 玉兰HRI试管婴儿医院 | | Approved 审阅合格 |
| Psychological Evaluation 代孕妈妈心理测试 | 2015-1-9 | Yulane IHR 玉兰HRI试管婴儿医院 | | Approved 审阅合格 |
| On-Site Surrogate Training Seminar 代孕法律和代孕服务道德培训 | 2015-1-9 | YULANE Fertility Services 玉兰辅助生育中心 | | Approved 审阅合格 |

Abort 是否同意堕胎: Yes No

Reduce 是否同意减胎: Yes No

Amnio 是否同意做羊膜穿刺: Yes No

Hep B 是否同意为乙肝患者代孕: Yes No

ProfilesPresentation













Surrogate Applicant SAP ID

Surrogate Applicant Nick Name

Erin

Interview by

Cynthia

| | | | |
|--|---|--|---|
| Additional 1 | 2 | 3 | 4 |
|  |  |  |  |
| Additional 5 | 6 | 7 | 8 |
|  |  |  |  |
| Additional 9 | 10 | 11 | 12 |
|  |  |  |  |

ProfilesPresentation

Surrogate Applicant Nick Name Erin

Interview by Cynthia

Exhibit A

SAP CASE SERVICE SUMMARY

Name of SAP Case Manager Cynthia **and** Name of Surrogate Candidate Erin

AGENCY: SURROGATE MATCHING

Summary Type:

- Summary for new GC applicant
- Summary for existing GC applicant

| | Screed Items | Result | | Screed Items | Result |
|----|--|---------------|----|--|---------------|
| 1 | Abortion v.s. fetal problem/Item 41-A on page 5 of 633 | Yes | 11 | Comments of Metabolic Panel (see bloodwork) | Approved |
| 2 | Selective reduction if doctor requires//Item 44-46 on page 5 of 633 | No | 12 | Blood Type and Rh (see bloodwork) | Approved |
| 3 | Might GC consider working with Hepatitis B positive Intended Parent's?/ Item 41-B on page 5 of 633 | No | 13 | AB Screen if Rh negative (see bloodwork) | Approved |
| 4 | If the Intended Parents requested an Amniocentesis(Amino),might GC agree to undergo this procedure?/Item 47 on page 5 of 633 | N/A | 14 | Rubella IgG titer (see bloodwork) | Approved |
| 5 | TSH (e.g =0.14 mIU<0.30unapproved) (see the bloodwork) | Approved | 15 | Uterine Cavity. HSG or SIS | Approved |
| 6 | Chlamydia Culture (see bloodwork) | N | 16 | MMPI | Approved |
| 7 | Genorrhea (see bloodwork) | N | 17 | Name of Insurance/Item 21 on page 4 of 633 | BCBS |
| 8 | Hepatitis B Surface Ag (see bloodwork) | N | 18 | co-insurance (i.e. 80/20, 70/30, 50/50) | |
| 9 | Hepatitis B Core Antibody (see bloodwork) | N | 19 | If employed, hourly pay rate /Item 87 on page 11 of 633 | \$10/hr |
| 10 | Hepatitis C Ab (see bloodwork) | N | 20 | No more than 5 including 3 previous V or 2 C deliveries. | 3V |

Total Pages including this cover page and summary page in this delivery is _____ Pages .

Signed by SAP Case/ Evaluation Manager
(signature is required as completion of work)

DATE