



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 4035

Donor 4035 came to his interview wearing a blue button-down shirt and grey slacks. When I walked in, he stood up, looked me in the eye and shook my hand in a professional and self-possessed manner. His beautiful light brown eyes reflected alertness and intelligence. His demeanor and attire showed that he takes being a donor seriously.

Although he is not a musician, donor 4035 has a great appreciation of music. He grew up listening to music, as his maternal grandfather played the accordion and his mother played both the accordion and the cello. He enjoys listening to all types of music and enjoys reading poetry. His family is multi-talented, blending math and analytical skills with a love of art, cooking and dance.

Donor 4035 has traveled extensively and this is an important part of his life. He told us he enjoys traveling because it is a wonderful way to learn about the world. When asked, he had trouble choosing a favorite location that he has visited since they have all given him so much. In the end, he said that South Africa was the most interesting and valuable trip he has been on and he looks forward to going back when he can.

Donor 4035 also greatly enjoys public speaking and debate. He likes to ask questions before he accepts any given answer. Academics have been easy for him, and he currently has a BA in Psychology & Criminal Justice Administration. He also has a graduate certificate in Management.

Donor 4035 is committed to his work in healthcare development and spoke about it with passion. He believes in public service and he is a person who puts 110% of his energy into whatever he does.

Donor 4035 is handsome, self-assured, confident, and respectful. He is intelligent and ambitious, wanting to forge a successful career in public service while seeing as much of the world as possible. He is clean-cut and likeable without seeming uptight, a hard feat to pull off.

Interviewer: Alex H

Interviewed November 8th, 2007, updated November 1st, 2018



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DONOR PROFILE: 4035

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor **4035** is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in June 2008 and updated in October 2018.

PERSONAL INFORMATION

- Identity-Release[®] Program: **Yes**
- Month/year of birth: **December 1974**
- Education: **BA in Psychology & Criminal Justice Admin.; Graduate certificate in Management**
- Current occupation: **Chief Development Officer & Chief Marketing Officer**
- Ethnic origin: **African American, Native American (Mohawk), German, Yugoslavian**
- Religion born into: **Christian-Lutheran (Protestant)**
- Religion practicing :**Episcopal (Protestant)**

PHYSICAL CHARACTERISTICS

- Height: **6 ft**
- Weight: **185 lbs**
- Hair color: **Black**
- Hair type: **Curly**
- Eye color: **Light brown**
- Complexion: **Light brown**
- Body type: **Medium**
- Blood group/Rh: **A+**
- Baby photo available: **Yes**
- Other distinguishing features: **Cleft chin**

FAMILY MEDICAL HISTORY

KEY: **D** donor **Ch** child **F** father **M** mother **S** sister **B** brother

Co cousin **A** aunt **U** uncle **MGF** maternal grandfather **MGM** maternal grandmother **PGF** paternal grandfather **PGM** paternal grandmother

Allergies: **D: Allergies at 25 to pollen/dust/mold; treated with OTC meds, ongoing.**

Heart: **MGM: High blood pressure at 80, treated with medication, managed until death; MGM: High cholesterol at 80, treated medication & diet, managed until death. MGM: Stroke at 96, no treatment, cause of death at 96. PGM: Stroke, no treatment, cause of death at 76**

Metabolic/Endocrine: **MGM: Type 2 diabetes at 86, treated with medication, managed until death at 96.**

Skin: **D: Eczema onset unsure, no treatment, occasional flare-ups.**

Respiratory: **F: Lung cancer at 57, lifelong smoker, no treatment, cause of death at 59; D: Asthma in childhood, treated with inhaler, resolved at 21; MGF: Emphysema at 54, no treatment, cause of death at 54.**

Substance Abuse: **PU: Alcohol dependency, onset unsure, no treatment, complications led to death at 71.**

Sight/Sound/Smell: **D: 20/200, 20/200**

Cancer: **F: Lung Cancer**

DONOR LAB RESULTS

Chlamydia: **Not Detected**
HIV 1 & 2: **Non-Reactive**
Hepatitis B: **Non-Reactive**
Urinalysis: **Normal**

Gonorrhea: **Not Detected**
CMV total antibody: ***Positive**
Hepatitis C: **Non-Reactive**
Chem panel: **Normal**

Syphilis: **Non-Reactive**
HTLV 1 & 2: **Non-Reactive**
CBC: **Normal**

**CMV IgM is negative/IgG positive. This combination shows a historic CMV exposure and donor is presumed to currently be non-infectious*

GENETIC SCREENING RESULTS: ALL TEST VALUES IN NORMAL RANGE

Genetic screening tests can significantly reduce, but never completely eliminate, the chance that a person is a carrier for a particular disorder.

Cystic Fibrosis: (23 mutations) **No mutation detected**
Spinal Muscular Atrophy (SMA): **Not performed**
Hemoglobinopathies/Thalassemia: **No abnormal hemoglobin detected (including sickle hemoglobin);
No evidence of thalassemia**

DONOR NARRATIVE: 4035

The content of this narrative has not been altered by TSBC staff. It reflects the original written work of the Donor

Describe your personality: introvert, extrovert, funny, serious, goal-oriented, curious, shy, etc.

Others would describe me as very intelligent, a risk taker, extroverted, dominant, driven, tenacious. I was in kindergarten at age 3 and attended Montessori school for 6 years. My first and only IQ test at age 7, was 141. School was easy for me. My work life, in Healthcare Development, has been rewarding and fun. I am always open to new challenges and opportunities. I ask questions. I do not easily accept answers unless I first probe the question or issue. A healthy debate is exhilarating. Always optimistic. A lover of nature and the outdoors – life is a fascinating journey, for me.

What are your interests and talents?

Talents – Public speaking, persuasive writing in terms of grant proposals, fundraising letters and politics. My interests include international travel – have been to numerous countries including Iceland, The Dominican Republic, Botswana, South Africa, India, China, all over Europe, Canada, Mexico and over 40 states in the US. There is no country I don't want to see in my lifetime. It is a wonderful way to learn about the world. And to gain respect for diversity.

What are some of your goals and ambitions in life? Where do you see yourself in 5 or 10 years?

Foreign service and public service. I intend to leverage my professional relationships into a political position. Thus, I desire to remain low-key re: this decision.

How would you describe your skills and interests in the following areas?

Math: **High. Especially business math and statistics.**

Mechanical: **Average. I like things to work but am not obsessed with the inner workings of objects but rather people**

Athletic: **Viewing sports is boring. I like to participate in martial arts, weight training and rock climbing.**

Musical, artistic, creative: **Poetry, reading and enjoying music passively are very important aspects of my daily life.**

Language (what languages do you speak?): **Some Spanish, Some German**

What are a few of your reasons for becoming a sperm donor?

My strong expectation is that I will choose against having children of my own. With all of the wonderful families out there – hoping to have a healthy child – I felt that 1) I am of an age and 2) in a place emotionally to help others by being a donor. I also feel passing along my genes is a way to honor my family and ancestors.

You have joined the Identity-Release® Program. What appeals to you about this program?

I decided to no longer remain anonymous so that the children from families I assisted can ask questions about my family and history, if they so choose (Updated 10/2018)



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HEALTH PROBLEMS DONOR 4035

| FAMILY MEMBER | HEALTH PROBLEM | TREATMENT/RESOLUTION |
|----------------------|--|--|
| Donor | Asthma | Age at onset/diagnosis: Childhood Treatment: Inhaler as needed Outcome: Resolved at 21 |
| | Allergies <i>Pollen, dust, mold</i> | Age at onset/diagnosis: 25 Treatment: Over-the-counter meds Outcome: Ongoing |
| | Eczema | Age at onset/diagnosis: Unsure Treatment: No treatment Outcome: Occasional flare-ups |
| Father | Lung cancer <i>Former smoker</i> | Age at onset/diagnosis: 57 Treatment: No treatment Outcome: Cause of death at 59 |
| Maternal Grandfather | Emphysema | Age at onset/diagnosis: 54 Treatment: No treatment Outcome: Cause of death at 54 |
| Maternal Grandmother | High blood pressure | Age at onset/diagnosis: 80 Treatment: Medication Outcome: Managed until death |
| | High cholesterol | Age at onset/diagnosis: 80 Treatment: Medication, diet change Outcome: Managed until death |
| | Type 2 diabetes | Age at onset/diagnosis: 86 Treatment: Medication Outcome: Ongoing until death |
| | Stroke | Age at onset/diagnosis: 96 Treatment: No treatment Outcome: Cause of death at 96 |

| | | |
|-----------------------------|--------------------|--|
| Paternal Grandmother | Stroke | Age at onset/diagnosis: 76 Treatment: No treatment Outcome: Cause of death |
| Paternal Uncle | Alcohol dependency | Age at onset/diagnosis: Unsure Treatment: None known Outcome: Complications led to death at 71 |

The above family medical history information has been self-reported by the donor. We work with each donor to obtain as complete and accurate information as possible, but we are unable to completely rule out the existence of other health information that is not known, or that remains unreported to us.

As a board certified genetic counselor, I have reviewed this donor's family medical history for identifiable patterns of inheritance that may place the donor or his biological offspring at increased risk for certain health problems. ("Increased risk" is risk that is greater than the risk in the general population).

Upon review of the available family medical history information from this donor, the risk for similar health problems occurring in offspring is not expected to exceed the risk in the general population.

Cynthia Kane, M.S., C.G.C.
Genetic Counselor