



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 4980

4980 is a nice looking, well-dressed and well put together young man. His hair color or texture is not obvious because his head is cleanly shaved. He has a tall, muscular figure and angular facial features. I don't know how to describe his style- his clothes are very neat, intentional, casual and professional all at the same time. His sweater is one of those cool ones, made out of sweatshirt material but has a collar and elbow pads, like the kind you wear when you smoke a pipe, but better. It was neatly covering a dark blue t-shirt, light denim jeans and a pair of nicely worn-in brown cowboy boots.

Donor 4980's parents are together and he lives at home with them. He has an older sister, with whom he does not have a very close relationship. They were closer as children, but grew apart during and after high school. Both 4980 and his sister are athletic; his sister was especially gifted in soccer but decided not to pursue it into college. 4980 was always popular in school, a goofy class clown. He did want to clarify that he was not necessarily a goof-off to the point of being disruptive or inappropriate, but that he spent his fair share of time in the principal's office.

4980 is currently a critical care step-down registered nurse, but growing up he thought he was going to be a veterinarian. He spent his younger years just outside of the city in a rural area with a lot of contact with animals. He spent his days as a *mini-scientist/veterinarian* equipped with butterfly nets and magnifying glasses. He'd come home with lizards, tree frogs, caterpillars, newts and snakes. Ultimately, he chose caring for people (nursing) over animals.

Both of 4980's parents are empathetic and compassionate people. Those qualities, as well as a profound sense of morality and a sense of humor, were passed down to him. He describes himself as being *rational, scientific, and logical*, things he says he learned from his dad. He also is a *worry-wart*, wanting everything and everyone to *be OK*, and has a skill for taking care of others. He knows these are traits he acquired from his mom.

By the time he entered college, 4980 still wasn't focused. Distracted by the social freedom and the parties, he became *academically lazy* and chose Art and Photography as a major. He eventually *got his act together*, graduated, got a job, and then realized that he wanted to do something more important, fulfilling, and meaningful. *I wanted my career to be something that could shine a little light.* And he became a nurse. He genuinely appreciates nurses and nursing. He eventually wants to become a professor and teach nursing students. His most memorable professor when he was in school was the chair of his department. She was an older, white woman who came from a long line of nurses. She understood the constant progression of the field and had a keen sense of the inequalities that health care can present. She was sharp, conservative, abrasive, and bold, and regardless of her age and generation she was always in-tune with social issues which kept her teaching current. I include all of this detail about this professor because I found it so impressive and meaningful that 4980 could offer such an in-depth and thoughtful answer to *Which of your professors did you admire the most?*, especially as he looks towards a future of teaching.

4980 is an interesting, articulate guy. He was very easy to talk with, has an excellent vocabulary, and is driven by a desire to do that which is just and fair. A random, yet enlightening comment: donor 4980 told me that I needed to watch *The Business of Being Born*. He says it's a documentary that exposes what we think is normal when it comes to childbirth vs. what *is* normal. This made me like him even more.

Interviewer: Jil V.

Date: May 2014



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DONOR PROFILE: 4980

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 4980 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in July 2014.

PERSONAL INFORMATION

- Identity-Release[®] Program: **Yes**
- Month/year of birth: **November 1983**
- Education: **BS in Art, Graduate degree in Nursing**
- Current occupation: **Registered Nurse**
- Ethnic origin: **English, Irish, Polish, Greek**
- Religion: **None**

PHYSICAL CHARACTERISTICS

- Height: **5'11' ¼**
- Weight: **183**
- Hair color: **Dark brown**
- Hair type: **Wavy**
- Eye color: **Green/hazel**
- Complexion: **Olive**
- Body type: **Large**
- Blood group/Rh: **A+**
- Baby photo available: **Yes**
- Other distinguishing features: **Mesomorph/inverted triangle body frame/build, full lips, toothy smile, muscular, strong jaw.**

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: **F: Allergies (oak pollen, dust) at 35, treated with avoidance, resolved**

Breast Cancer: **PCo: Breast cancer at 45, treated with surgery, resolved.**

Heart: **F: High blood pressure at 63, treated with diet change, exercise and medication, managed. MGF: High blood pressure at 65, treated with medication, ongoing and managed until death at 80. PGF: Stroke at 80, treated with medication, suspected cause of vascular dementia. PGM: High blood pressure at 75, treated with diet change and medication, managed. MA: High blood pressure at 50, treated with diet change and medication, managed. MA (Half Aunt): High blood pressure at 44, treated with medication, managed.**

Metabolic/Endocrine: **F: Thyroid cancer at 66, treated with surgery, resolved. MGF: Type 2 diabetes at 52, treated with diet change and medication, ongoing and managed until death at 80. MA: Type 2 diabetes at 40,**

treated with diet change and medication, ongoing. MU (Half Uncle): Type 1 diabetes at 11, treated with medication, ongoing and managed.

Muscles/Bones/Joints: F: Osteoarthritis at 66, treated w/OTC meds, managed, PGM: Osteoporosis at 78, treated with medication, managed (now 90).

Neurological: PGF: Migraines at 34, treated with medication, resolved after a few years. MGF: Alzheimer disease at 72, treated with medication and supportive care, ongoing until death at 72. PGF: Dementia at 81, treated with medication, ongoing (now 90).

Respiratory (Lungs): F: Allergies (oak pollen, dust) at 35, treated with avoidance, resolved.

Sight/Sound/Smell: D: Right eye 20/25, Left eye 20/50, Lasik surgery at 30, MGM: Glaucoma at 75, treated with medication, managed. MGM: Macular degeneration at 72, treated with medical treatment, resolved. MA: Hearing loss (bilateral) at 50, no treatment, ongoing.

Cancer (see above): PCo: Breast cancer at 45, treated with surgery, resolved.

Other: PCo: MELAS (Mitochondrial disease) at 11, treated with supportive care, cause of death at 29 years.

DONOR LAB RESULTS

Chlamydia: **Not Detected**

Gonorrhea: **Not Detected**

Syphilis: **Non-Reactive**

HIV 1 & 2: **Non-Reactive**

CMV total antibody: ***Positive**

Hepatitis B: **Non-Reactive**

Hepatitis C: **Non-Reactive**

HTLV 1 & 2: **Non-Reactive**

Urinalysis: **Normal**

Chem panel: **Normal**

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: (> 500 mutations) **No mutation detected**

Spinal Muscular Atrophy (SMA): **Two copies of SMN1 detected**

Hemoglobinopathies/Thalassemia: **No abnormal hemoglobin detected (including sickle hemoglobin);
No evidence of thalassemia**

DONOR NARRATIVE: 4980

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

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

It's difficult answering this question, as our self-perception tends to differ from that of other people assessing us objectively. People who have known me well have described me in many different ways and I believe my personality is such that enables me to adapt to different situations with ease.

I would describe myself as: Introverted and extroverted depending on the situation, funny, sarcastic, courageous, adaptable, articulate, charismatic, rational, clever, proud, contemplative, empathetic, just, incisive, perceptive, calm, playful, loyal (to those who are loyal in return), responsible, creative, kind, capable, attractive, persuasive, independent, and very loving in close personal relationships.

My greatest strength is that I do not take stressful things too seriously. I can find humor in almost any situation and take great pleasure in getting people to smile or laugh. I think there are times and places to be serious, but all other moments are an opportunity for positive thoughts.

My next greatest strength is that I am aware myself and of the ways I affect the people around me. I am completely comfortable with who I am and have achieved this through self-reflection throughout my life. Learning from past behavior has enabled me to become someone I am pleased with and whom others appear to be pleased with as well.

I can be rigid and argumentative at times. I am also disobedient when I don't see the purpose in behaving as told. I tested my boundaries as a child, but always listened to my parents without giving them too much grief. I am both combative and compromising. I have a good sense of when to do one or the other.

What are your interests and talents?

I've never considered myself an especially talented person. I suppose I have neglected to pursue something to the point of becoming proficient enough to describe myself that way. I am a capable person who picks up skills quickly, but enjoy so many different things that I have never given any one thing enough time to become an expert at it. I'd say I'm good at many things, but not excellent at anything.

In terms of my interests there are many. I love things that are challenging physically and/or intellectually. My interests include, motorcycle road trips, long walks, exercise, enjoying naturally beautiful outdoor environments, fine art (renaissance and baroque are my favorite periods), movies, live music, animals (all of them), strategy games like chess, social gatherings, physical affection, and teaching. There are many more I'm sure, but these are the interests I enjoy the most frequently.

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

In 5 to 10 years I see myself working in an area of critical care nursing while acting as a student nurse preceptor. Eventually, I would also like to augment my clinical nursing career by teaching at the collegiate level. I wish to find a beautiful piece of the planet to make a permanent home with enough space to hold a couple horses, a dog, and whatever else wanders in. Perhaps I'll start an animal rescue in my older age. My ultimate goal in life is to die happy, with a feeling of satisfaction with the person I am and things I've done. This of course is a long-term goal and requires nurturing the personal relationships I currently have and those I have not yet made. As I make my way through our world I only wish to enjoy myself, feel accomplished, and smile more than frown.

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

Math: I loved math in high school, then it got hard right around calculus. Math made sense to me. I suppose it was due to its rule-bound nature and fun symbols, but in the end I lost interest because I could not see the purpose for advanced math in my own life beyond a certain point. Algebra is about as advanced as the math in my life needs to be, though I am thankful for the Einsteins in the world.

Mechanical: Mechanical things hold my attention and I seem to grasp their concepts quickly. They are conceptual and functional. Each part performs a specific duty and serves a purpose for the functionality of the machine as a whole. The human body is a magnificent machine; a machine so intricate and astounding that humans themselves still today lack a full understanding of it's processes and capabilities. This, in part, is what drew me to healthcare. To some degree health care professionals are just people mechanics.

Athletic: I am athletic. I played many sports competitively growing up that include soccer, track, football, and rugby. I find physical competition thrilling, as is the feeling of victory. Team sports have also been a great source of friendship and social development in my young life. Currently I enjoy resistance training as a means to stay fit and healthy. I have much admiration for apex athletes, especially gymnasts and Olympic wrestlers. Watching the human body be pushed to its physical limits is exciting and inspiring.

Musical, artistic, creative: Embracing creativity is an important part of life. It may not be necessary, though creative development impacts how a person thinks about everything. I consider myself a creative person. As an art major during my undergraduate degree, my primary focus was photography. I had the most fun with 35mm black and white photography. The darkroom is a satisfying place for reflection and creativity.

Language (what languages besides English do you speak?): I speak only English. I studied Spanish for a few years in high school, but I was simply not pushed to learn it and had no need for it in the environment that I was raised. I believe it is important to encourage bilingualism, as this would open doors to the development of many more relationships with people whom otherwise could not be communicated with verbally. Current research also indicates there are many additional neurological benefits to bilingualism during a child's development.

Writing: Communication is human beings' single greatest achievement. Writing is an important form of communication as it is a method of freezing thoughts in time. Memories fade with time and are lost as people are lost, but written words will last as long as the medium on which they are inscribed. That being said, being able to express yourself in writing while using appropriate grammar and spelling is a valuable skill that is underappreciated in many educational systems today.

Literature: I wish I had read more as a child. There are so many great ideas and stories shared through literature and I have missed out on most of them due to a lack of interest in reading. I would change that if I could, but I simply enjoyed spending my time doing other things. Growing up, I was always running around outside looking for insects or playing with other children instead. I would encourage any child or adult to read more.

Science: Science is an explanation of the world around us that is based on evidence rather than conjecture. Without the many areas of science, humans would not live or think the way we do today. Scientists are the rockstars of the question "why". They ask it, find the answer, and many more people benefit from the discoveries made. I was the child that always wondered why. I have a hard time accepting things completely without understanding the rationale. The sciences were always my favorite and most successful subjects in school.

Stranded on a deserted island what one book, movie and album would you bring?

This question is deceptively hard to answer. I love movies and music so much and believe that the forms of art we choose to enjoy at any given time reflect our current thoughts and mood, which change as time passes.

Movie: The Shawshank Redemption

Book: SAS Survival Guide: For any climate, for any situation

Album: Creedence Clearwater Revival: The 20 Greatest Hits

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

I am currently in a committed relationship with a woman who is a bit older than myself. We plan to marry and continue with our careers and education, but are uncertain that we will have children of our own due to the constraints of time and financial security. I believe that the people who are looking for sperm donation as a means to reproduce are highly motivated to be parents and have the resources be successful. Essentially, this is a way for me to help another family achieve what they desire with the understanding that the child will have a great chance at a good life. At the same time I satisfy my own desire to pass on my genetic information. Everybody wins.

Did you choose to be an Identity-Release® Program donor?

Yes No

Why did you make this choice?

I agreed to the Identity-Release Program for one very simple reason, which is that I believe in the freedom of choice. If I were the child, I would want the option to choose for myself regardless of whether or not I actually pursued some form of communication with the donor.

Is there anything else you would like to share with participating families and offspring?

During moments of introspection and self-assessment throughout my life, I have come to believe I am a great person. We all have innate predispositions that shape who we become, though much of who I am has been guided by my experiences and my parents. I have wonderful parents who have been supportive, nurturing, and for the most part, exemplary people. So I say to the parents: I wish you the best and hope you achieve happiness as you create life and guide your children to become the people they wish to be. To the children: Listen to your parents. The odds are they are your greatest fans. Lastly, at every personal interaction remember, "...people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

-Maya Angelou

Sincerely,
Donor 4980



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HEALTH PROBLEMS DONOR 4980

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
Father	Allergies <i>Oak pollen, dust</i>	Age at onset/diagnosis: 35 Treatment: Avoidance Outcome: Resolved
	High blood pressure	Age at onset/diagnosis: 63 Treatment: Diet change, exercise and medication Outcome: Managed
	Thyroid cancer	Age at onset/diagnosis: 66 Treatment: Surgery Outcome: Resolved
	Osteoarthritis	Age at onset/diagnosis: 66 Treatment: OTC meds Outcome: Managed
Maternal Grandfather	Type 2 diabetes	Age at onset/diagnosis: 52 Treatment: Diet change, medication Outcome: Ongoing, managed until death at 80
	High blood pressure	Age at onset/diagnosis: 65 Treatment: Medication Outcome: Ongoing, managed until death at 80
	Alzheimer disease	Age at onset/diagnosis: 72 Treatment: Medication, supportive care Outcome: Ongoing until death at 80
Maternal Grandmother	Macular degeneration	Age at onset/diagnosis: 72 Treatment: Medical treatment Outcome: Resolved
	Glaucoma	Age at onset/diagnosis: 75 Treatment: Medication Outcome: Managed
Paternal Grandfather	Migraines	Age at onset/diagnosis: 34 Treatment: Medication Outcome: Resolved after a few years
	Stroke	Age at onset/diagnosis: 80 Treatment: Medication Outcome: Suspected cause of vascular dementia

Paternal Grandfather	Dementia	Age at onset/diagnosis: 81 Treatment: Medication Outcome: Ongoing (now 90)
Paternal Grandmother	High blood pressure	Age at onset/diagnosis: 75 Treatment: Diet change, medication Outcome: Managed
	Osteoporosis	Age at onset/diagnosis: 78 Treatment: Medication Outcome: Managed (now 90)
Maternal Aunt #1	Type 2 diabetes	Age at onset/diagnosis: 40 Treatment: Diet change, medication Outcome: Ongoing
	High blood pressure	Age at onset/diagnosis: 50 Treatment: Diet change, medication Outcome: Managed
	Hearing loss <i>Bilateral</i>	Age at onset/diagnosis: 50 Treatment: None Outcome: Ongoing
Maternal Half-Aunt	High blood pressure	Age at onset/diagnosis: 44 Treatment: Medication Outcome: Managed
Maternal Half-Uncle	Type 1 diabetes	Age at onset/diagnosis: 11 Treatment: Medication Outcome: Ongoing, managed
Maternal Cousin	MELAS <i>Mitochondrial disease</i>	Age at onset/diagnosis: 11 Treatment: Supportive care Outcome: Cause of death at 29 years
Paternal Cousin	Breast cancer	Age at onset/diagnosis: 45 Treatment: Surgery Outcome: Resolved

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.

Note: The genetic syndrome known as MELAS, is a mitochondrial disease. Mitochondrial diseases are not transmissible by males; therefore this family history does not put the donor or his offspring at increased risk above the general population for the condition.

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