



## Interview Notes: 5004

Donor 5004 is adorable. He came to our interview wearing a light blue button-down shirt, dark blue jeans and brown shoes with laces. His eyes are a dark brown and his eyelashes go on forever. He has thick dark hair and a matching full beard, which is trimmed short. His hands are graceful and his fingers are long. When he smiles his infectious smile, his eyes crinkle charmingly. He blushes when he talks about himself and his cheek turn rosy. His sweet nature is apparent just moments after meeting him.

As a child who was raised in the Midwest, 5004 says that he had an *idyllic childhood*. His older sister was his polar opposite, high energy, gregarious and sometimes a bit of a bully. He, on the other hand, was quiet and shy. His sister beat him up a lot (in a sisterly way) until eventually he grew stronger and retaliated. As a child in a Jewish home, religion was never forced upon him. He did, however, attend Jewish schools and synagogue. In 5<sup>th</sup> Grade he realized he was Atheist and announced it at school. His parents were called to the in to discuss his *lack of godliness but they* sided with their son, allowing him the freedom to choose his beliefs on his own.

A modest, mild-mannered young man, 5004 is not the kind of person who toots his own horn. Despite this, he is an academic force to be reckoned with; if anyone should toot a horn, it should be 5004. He was always comfortable in a classroom environment, and by middle school he was placed in an inner-city Magnet school for gifted children. The school he attended was an International Baccalaureate school, a four-year school intended for children of Ambassadors, with the same course curriculum throughout the world. The standards of teaching are much more rigorous in these schools, and 5004 had his hands full in terms of work. Coming from *private schools with a lot of rich kids*, a city school was a huge culture shock for him, and for once he was really challenged academically. Ultimately, it was high school that paved the way for his stellar college and graduate career. He laughed saying that *after the IBO school, everything else was easy*.

Right out of high school, 5004 applied to Ivy League schools intending to pursue a major in engineering and physics. He was accepted with ease. The Ivy League college he attended was *really fun and much less work than high school*. He attempted to get into astronomy, but it didn't suit him, and he instead focused on neuroscience and math. Donor 5004 would be probably be good at any academic subject, but it was the combination of math and neuroscience that ultimately captured his mind. As a graduate student, he studies the brain's representation of facial images and emotional states using neural imaging. The brain fascinates him endlessly and he spoke at length about it. He is particularly interested in *neuro-ethics*. In his spare time, he blogs as a social science columnist, hikes, bikes and rock climbs.

Donor 5004 is a genius, but what makes him great is that he's the best kind of genius: the kind that doesn't know how amazing he really is. He carries himself with grace and humility despite the enormous brain he has. And as if that wasn't enough, his shy, sweet nature makes him one of the most endearing donors I have met at TSBC.

Interviewer: Anat A.

Date: August 1, 2014



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

## DONOR PROFILE: 5004

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 5004 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in September 2014 and updated in April 2015

### PERSONAL INFORMATION

- Identity-Release® Program: **Yes**
- Month/year of birth: **November 1990**
- Education: **BA in Math & Science, pursuing PhD in Psychology**
- Current occupation: **Student**
- Ethnic origin: **Ashkenazi Jewish, Russian**
- Religion: **Atheist**

### PHYSICAL CHARACTERISTICS

- Height: **5'10"**
- Weight: **153**
- Hair color: **Dark brown**
- Hair type: **Thick**
- Eye color: **Dark brown**
- Complexion: **Fair/creamy**
- Body type: **Medium**
- Blood group/Rh: **B+**
- Baby photo available: **Yes**
- Other distinguishing features: **None**

### 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: **M: Allergies (cat and dog dander) 10, no treatment, ongoing, managed.**

Gastro-intestinal: **PGF: Stomach ulcer at 75, treated w surgery, managed until death at 80.**

Heart: **D: Trivial aortic regurgitation at 21, no treatment needed, ongoing, asymptomatic. F: Coronary artery disease at 62, treated with by-pass surgery, resolved. MGF: Heart attack at 43, no treatment, cause of death at 43. PGF: Heart failure at 78, treated with hospitalization, diet and exercise, cause of death at 80. MA: Mitral valve prolapse at 28, no treatment, ongoing. MU: Mitral valve prolapse at 35, no treatment, ongoing.**

Muscles/Bones/Joints: **S: Mild scoliosis at 18, treated with yoga, resolved, occasional pain.**

Neurological: **PGM: Alzheimer's disease at 65, no treatment, ongoing until death at 88.**

Respiratory (Lungs): **M: Asthma at 13, treated with inhaler as needed, ongoing, managed. S: Asthma at 12, treated with inhaler as needed, ongoing, managed. MGM: Pulmonary embolism at 69, treated with hospitalization, cause of death.**

Sight/Sound/Smell: **D: Mild strabismus in left eye at 3, treated with corrective lenses, managed, some difficulty focusing left eye. D: Right eye 20/15, Left eye 20/25.**

Other: **D: Mild ankyloglossia (tongue-tie) at 4, treated with frenectomy, resolved.**

## DONOR LAB RESULTS

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

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

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

## 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**

Bloom Syndrome: **No mutation detected**  
Canavan Disease: **No mutation detected**  
Familial Dysautonomia: **No mutation detected**  
Fanconi Anemia Group C: **No mutation detected**  
Gaucher Disease: **No mutation detected**  
Niemann-Pick Disease Type A: **No mutation detected**  
Mucopolidosis Type IV: **No mutation detected**  
Tay-Sachs Disease: (73 mutations) **No mutation detected**

## DONOR NARRATIVE: 5004

*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.

I was goofy as a kid, had some mild social anxiety in my early teens and am now pretty comfortable in my shoes. I'm funny, goal-oriented, and very curious and open to experience. I'm passionate and opinionated. I usually got along well with my parents growing up. I'm an introvert in the sense of being mindful and self-reflective, but I also really enjoy connecting with people. I like to do things in depth.

### What are your interests and talents?

I'm a part-time writer—I write about cognitive science and social issues, which are core interests of mine. I'm also a political junkie and a debater. I love puzzles, math, and board games, which I'm really good at. I appreciate nature, music, and food. I'm a casual rock climber (not the kind that spends every weekend at Yosemite). I give good advice.

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

I'm an aspiring neuroscientist. I love the Bay Area and am hoping I'll get a job here when I finish my post-graduate studies, whether it's in academia or in industry. I'd like to invent something that makes people happy (without drugging them). I want to write a book about philosophy of mind. I'd also like to get married and have a family around a decade from now.

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

**Math:** Extremely good. I casually dominated regional math contests in high school.

**Mechanical:** Pretty good. I can usually figure out how to repair things if I really need do. Not my passion.

**Athletic:** Not so good at ball sports. I was a good fencer in high school and picked up climbing quickly. I think have an athletic build. I'm a pretty fast runner.

**Musical, artistic, creative:** I haven't practiced these skills as much, but I have found that I'm pretty good at graphic design. I was praised for my poetry in high school. I love listening to music, though I don't play any instruments.

**Language (what languages besides English do you speak?):** I never found my second languages classes very interesting, and consequently this was an academic weakness of mine. I'm mildly proficient in Spanish.

**Writing:** I love writing. I won a few essay contests in college (at a pretty elite University).

**Literature:** I did really well in my English classes. My reading comprehension is very good.

**Science:** I was a star physics student in high school. I also excelled in just about every other science. (I published my senior thesis in a pretty good neuroscience journal.)

### If you were stranded on an island and could have only one movie, book and album, what would they be?

**Movie:** Spirited Away

**Book:** Gabriel Garcia Marquez – One Hundred Years of Solitude

**Album:** The Beatles – White Album

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

At first, I was in it mostly for the money. As I've thought about it and gotten serious, I've come to realize that granting someone a new family member, a child of their own, is one of greatest gifts I can imagine giving. I actually don't think there can be any gift more special.

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



Yes



No

## Why did you make this choice?

If my biological father were a sperm donor, I'd be itching with curiosity to find out more about him. For that reason alone I think giving the child this opportunity is just the right thing to do. The proper safeguards are in place (the child can't try to contact me until they're 18 and independent, and even at that point I could use my own discretion in communicating with them). They might have important reasons to want to get in contact. And besides, I might be kind of curious, too.

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

I've always loved animals, especially dogs. I grew up giving my parents massages (it's a natural talent of mine). As a really young kid (4-5 years old) I occasionally left envelopes around the house with my dad's name on them. The envelopes would contain only drawings of my dad's head on an extremely rotund androgynous body (reminiscent of Venus figurines), including large breasts as well as male genitalia. My parents sent me to a Jewish elementary school, but starting around 5<sup>th</sup> grade or so there was a period of a couple years where every couple of weeks I would argue vehemently with my dad about the existence of God. Fair warning. (After a while I chilled out.)



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# HEALTH PROBLEMS DONOR 5004

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
<b>Donor</b>	Mild strabismus <i>Left eye</i>	Age at onset/diagnosis: 3 Treatment: Corrective lenses Outcome: Managed, some difficulty focusing L eye. No surgery needed.
	Mild ankyloglossia <i>Tongue-tie, aka: short lingual frenulum</i>	Age at onset/diagnosis: 4 Treatment: Lingual frenectomy Outcome: Resolved
	Trivial aortic regurgitation	Age at onset/diagnosis: 21 Treatment: None needed Outcome: Ongoing, non-symptomatic
<b>Sister</b>	Mild scoliosis	Age at onset/diagnosis: 18 Treatment: Yoga Outcome: Very occasional back pain
	Asthma	Age at onset/diagnosis: 12 Treatment: Inhaler as needed Outcome: Ongoing, managed
<b>Mother</b>	Allergies <i>Cat and dog dander</i>	Age at onset/diagnosis: 10 Treatment: None Outcome: Ongoing, managed
	Asthma	Age at onset/diagnosis: 13 Treatment: Inhaler as needed Outcome: Ongoing, managed
<b>Father</b>	Coronary artery disease	Age at onset/diagnosis: 62 Treatment: By-pass surgery Outcome: Resolved
<b>Maternal Grandfather</b>	Heart attack <i>Smoker, overweight</i>	Age at onset/diagnosis: 43 Treatment: None, died in sleep Outcome: Cause of death
<b>Maternal Grandmother</b>	Pulmonary embolism	Age at onset/diagnosis: 69 Treatment: Hospitalization Outcome: Cause of death
<b>Paternal Grandfather</b>	Stomach ulcer	Age at onset/diagnosis: 75 Treatment: Surgical removal Outcome: Managed until death at 80
	Heart failure	Age at onset/diagnosis: 78 Treatment: Hospitalization, diet & exercise

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changes  
Outcome: Ongoing until death at 80

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**Paternal Grandmother**      Alzheimer's disease      Age at onset/diagnosis: 65  
Treatment: None  
Outcome: Ongoing until death at 88

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**Maternal Uncle**      Mitral valve prolapse      Age at onset/diagnosis: 35  
Treatment: None  
Outcome: Ongoing

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**Maternal Aunt**      Mitral valve prolapse      Age at onset/diagnosis: 28  
Treatment: None  
Outcome: Ongoing

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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).

Donor has a history of tongue-tie, also known as *short lingual frenulum*. This trait can be hereditary in some families; therefore the risk for this may be higher than the general population. One grandparent had an early heart attack, however this health issue may have been complicated by lifestyle factors.

Otherwise, upon review of the available family medical history information from this donor, 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