



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 4877

Donor 4877 is an impressive young man. He is smart, articulate, and well put-together. The more you talk to him, the more interactions you have, the more you like him. With the way he dresses and his mannerisms, 4877 comes across as the perfect mix between a nervous scientist and an old school college professor. For our interview he wore a fitted white tee under a beige, cashmere-like button up v-neck sweater vest and a very nice, black cotton vintage blazer/jacket that had many pockets, perhaps filled with pencils or paperclips. His jeans were worn, his shoes looked comfortable and expensive, and his wire rimmed glasses became *spectacles* the longer I sat with him. He has a thin beard, same brown as his hair and speckled with a touch of grey. 4877 wears a pleasing cologne, and has a gorgeous black stone hanging from a thin leather strap around his neck.

4877 is here in the Bay Area pursuing a doctorate in Philosophy. He was born and raised in Mexico, and his wife and young son currently live in Mexico City. He would like to stay here in Northern California after he finishes his degree and looks forward to being able to move them here as soon as possible. He agreed that Mexico City is beautiful and filled with a rich history and culture, but he also sees it as a stressful place to live, with too many people. He wants his son to grown up in a different environment. One of the main reasons 4877 chose northern California is because both he and his partner have family here. He described meeting his father's side of his family as *a very important episode in his life* and that it has been *a big and sweet change*. He has been getting to know them better and better, and has become quite close with many of his cousins. He didn't realize how deprived he was growing up as only child, not surrounded by family.

4877 was raised in Mexico by his hardworking single mom, who is a sociologist. She did most of her work in the field, traveling from village to village, interviewing communities. 4877 remembers how much he loved going with her, walking up dirt roads, sometimes for hours, to reach the next village. Because of his mother's research, they moved frequently and 4877 switched schools often. He said as a ethnically-mixed child growing up with no brothers or sisters, this was hard. The native, non-mixed kids teased him, and laughed at him for looking different---they all had black hair and he had blond hair; they all had rich brown skin, his was creamy and light. I asked if his son looks like him and he said yes, he does, similar eyes, forehead, lighter skin and light hair. He is also inquisitive and playful, like 4877 was as a youngster.

4877 spends most of his time as a full-time student and researcher. When he does have free time he likes to play soccer and is trying to learn how to play tennis. *I consider myself pretty good at soccer---tennis? Not so good*. He also spends free time playing the guitar and the harp or alone in quiet meditation. 4877 is great. He speaks English beautifully with a thick native accent and an impressive vocabulary and ability to express himself colorfully. He is engaging and present. I can see him being quiet successful as a writer/editor/researcher and am happy to see him join our Identity-Release[®] Program.

Interviewer: Jil V.

October 2013



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Donor Profile: 4877

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor **4877** is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in April/2014.

PERSONAL INFORMATION

- Identity-Release[®] Program: **Yes**
- Month/year of birth: **September/1979**
- Education: **Post Graduate in History/Contemporary Philosophy, Graduate in Philosophy of Culture, BA in Philosophy**
- Current occupation: **Editor/Co-Author, Post Graduate Student**
- Ethnic origin: **Spanish, Mexican, Czech, Swedish, Norwegian, Scottish**
- Religion: **Agnostic**

PHYSICAL CHARACTERISTICS

- Height: **5'10"**
- Weight: **175**
- Hair color: **Light brown**
- Hair type: **Wavy**
- Eye color: **Light brown**
- Complexion: **Fair/creamy**
- Body type: **Medium**
- Blood group/Rh: **O+**
- Baby photo available: **Yes**
- Other distinguishing features:

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: **MU#3:** Allergy (Bee sting) at 50, treated with ER treatment, avoidance, ongoing. **MCo#1:** Allergy (Bee sting) at 50, treated with ER treatment, avoidance, ongoing. Donor offspring: Peanut allergy, treated with avoidance, ongoing, managed.

Gastro-intestinal: **F:** Stomach ulcers at 63, treated with medication, ongoing. **MGF:** Liver cancer (metastasized to pancreas) at 63, treated with surgery, cause of death at 64.

Heart: **M:** High cholesterol at 58, treated with diet, managed. **MGM:** High blood pressure at 77, treated with medication and diet, ongoing until death. **MGM:** Strokes (3 within 1 year) at 78, treated with hospitalization, cause of death at 78. **PGF:** Leaking heart valves at 83, treated with surgery and medications, managed (now 95). **MU#1:** High cholesterol at 60, treated with diet change, managed. **MU#2:** High cholesterol at 55, treated with diet change and homeopathic medications, ongoing. **MU#2:** Coronary artery disease at 58, treated with stent placement, medication and diet, managed well now 59.

Intellectual Disability: **MCo#1:** Dyslexia at 18, no treatment, resolved, now 26.

Mental Health: **D: Anxiety (temporary)** at 26, treated with medication, resolved. PCo#1: Anxiety at 26, medication, managed.

Metabolic/Endocrine: **MGM: Hypothyroidism** at 40, treated with medication, managed.

Muscles/Bones/Joints: **MGM: Osteoporosis** at 58, treated with medication and diet, managed.

Neurological: **PGF: Migraines** in early 60's, treated with medication, resolved. **PGM: Dementia** at 75, treated with medication, ongoing until death at 87. **PGM: Brain cancer** at 86, medication, cause of death at 87. MCo#1: **Dyslexia** at 18, no treatment, resolved, now 26.

Respiratory (Lungs): **MU#3: Allergy (Bee sting)** at 50, treated with ER treatment, avoidance, ongoing. MCo#1: **Allergy (Bee sting)** at 50, treated with ER treatment, avoidance, ongoing. MCo#2: **Asthma** at 15, treated with relocation (moved), resolved.

Sight/Sound/Smell: **D: Right eye: 20/100, Left eye: 20/100.** **MGM: Glaucoma** at 76, treated with medication eye drops, managed.

Skin: **PGF: Skin cancer (melanoma)** at 67, treated with surgical removal, resolved. Donor offspring: **eczema** at 12 months, no treatment reported, ongoing, managed.

Substance Abuse: **PU (Half-Uncle): Alcohol abuse** at 40, treated with treatment program, resolved.

Cancer (see above): **MGF: Liver cancer (metastasized to pancreas)** at 63, treated with surgery, cause of death at 64. **PGM: Brain cancer** at 86, treated with medication, cause of death at 87. **PGF: Skin cancer (melanoma)** at 67, treated with surgical removal, resolved.

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: (> 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: 4877

(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 consider myself extrovert and sociable. It is easy for me to make friends but difficult to create strong bonds with them. Therefore I know a lot of people but I have just a very few true friends. I think that I am hardworking and goal-oriented. People say that I am a perfectionist, which has made me succeed in some things, but sometimes be a little obsessive too. Yet, that is how I think I have made some of my main achievements. I am also very curious, especially about other cultures and ways of thinking, which makes me (I think) a tolerant person.

What are your interests and talents?

I am interested in history, culture and language of the different peoples around the world. I would like to get to know as much as I can about them. Travel is one of my passions. Besides the cultural experience and the contact with people, I get fascinated gazing at the architecture and landscapes. I enjoy reading a lot and I believe that I have good writing skills (Spanish is my native language, I speak –and write– English as a second language). I like History and Philosophy (especially I know some things about modern Western culture and ancient Greek world, among other subjects). I play music (guitar and harp) and I like also the artistic photography.

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

I would like to write books and lead collective research projects. And keep learning as much as I can. My goals are to improve my knowledge in languages and develop translation skills, in order to spread out the content of the books or the researches to another regions on Earth. To sum up, be someone recognized in my professional field. Other goal is to have money enough to travel and have a calmed life, along with my family, in order to keep doing what I like to.

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

Math: Numbers are not my passion, but I think that I am good in basic arithmetical skills. I can perform easily and intuitively simple additions and subtractions. But the advanced Math is pretty hard!

Mechanical: Not very good. I take a technical class in Middle School (electricity and metal work) but never paid too much attention in that class.

Athletic: I consider myself athletic, since I try to practice some kind of sport every day (either running, walking or hiking, bicycling, swimming, tennis or team sports like soccer).

Musical, Artistic, Creative: I like music a lot. Actually I am a music lover, from classic to contemporary, from popular to cult or academic music. I play the guitar. Years back I used to play in a blues band, but I had an injury in one finger and I had to stop. Now I play just in my free times: to relax myself, express feelings or just for fun. I like to sing too. I try also to be creative in writing or in photography, which is other of my passions.

Language (what languages besides English do you speak?): English is my second language, after Spanish. I also speak some French (I lived in France almost a year) and understand a little bit of German (I studied it for two years). I can read a little bit of classic Greek too.

Writing: My work has to do a lot on writing. I used to be proofreader for publishing texts in Spanish. Right now I am developing my English writing skills and I hope someday to write with the same fluency than in Spanish. Or even better: get published in English-speaking journals.

Literature: I usually read a lot, both theoretical readings and literature (or fiction). Because of work sometimes I have no time and I have to choose books only of the first category. But I enjoy a lot a good novel or a short stories book.

Science: I am interested in some subjects of science and I am amazed about all the discoveries that science has made, either the “pure” or the applied. But even so, there are some fields where I think science doesn’t have the last word. I am not a religious person, but I believe that there is some sort of spirituality or something beyond (even in our own brains or thought) that science doesn’t get to explain. And I think mystery is also positive for human beings.

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

Movie: *Mulholland Drive*, David Lynch

Book: *In the Search of Lost Time*, of Marcel Prost (long enough to not get bored).

Album: *Dark Side of the Moon*, Pink Floyd

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

To help people create families. I am father of a son and therefore I know that is a wonderful feeling which some people want to live, but can't do it by their own.

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

Yes No

Why did you make this choice?

I know that on one side there is the right of privacy or anonymity of the donor, but on the other side there is also the right of the offspring to get know about his or her past. In my opinion, the latter: the right to know about one's background, who one is and where does one comes from, is a fundamental right of every human being, more crucial than the mere privacy. Besides that, since there are no legal obligations or financial responsibilities, I don't see other reason to hide that information to them.

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

Donor did not reply.



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HEALTH PROBLEMS DONOR 4877

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
Donor	Anxiety, temporary	Age at onset/diagnosis: 26 Treatment: medication Outcome: Resolved
Mother	High cholesterol	Age at onset/diagnosis: 58 Treatment: Diet Outcome: Managed
Father	Stomach ulcer	Age at onset/diagnosis: 63 Treatment: Medication Outcome: Ongoing
	Lymphoma	Age at onset/diagnosis: 67 Treatment: Chemotherapy Outcome: Ongoing
Maternal Grandfather	Liver cancer <i>Metastasized to pancreas</i>	Age at onset/diagnosis: 63 Treatment: Surgery Outcome: Cause of death at 64
Maternal Grandmother	Hypothyroidism	Age at onset/diagnosis: 40 Treatment: Medication Outcome: Managed
	Osteoporosis	Age at onset/diagnosis: 58 Treatment: Medication & diet Outcome: Managed
	Glaucoma	Age at onset/diagnosis: 76 Treatment: Medicated eye drops Outcome: Managed
	High blood pressure	Age at onset/diagnosis: 77 Treatment: Medication, diet Outcome: Ongoing until death
	Strokes <i>3 within 1 year</i>	Age at onset/diagnosis: 78 Treatment: Hospitalization Outcome: Cause of death at 78

Paternal Grandfather	Migraines	Age at onset/diagnosis: Early 60's Treatment: Medication Outcome: Resolved
	Skin cancer <i>Melanoma</i>	Age at onset/diagnosis: 67 Treatment: Surgical removal Outcome: Resolved
	Leaking heart valves	Age at onset/diagnosis: 83 Treatment: Surgery, medications Outcome: Managed (now 95)
Paternal Grandmother	Dementia	Age at onset/diagnosis: 75 Treatment: Medication Outcome: Ongoing until death at 87
	Brain cancer	Age at onset/diagnosis: 86 Treatment: None Outcome: Cause of death at 87
Maternal Uncle #1	High cholesterol	Age at onset/diagnosis: 60 Treatment: Diet change Outcome: Managed
Maternal Uncle #2	High cholesterol	Age at onset/diagnosis: 55 Treatment: Diet change and homeopathic medications Outcome: Ongoing
	Coronary artery disease	Age at onset/diagnosis: 58 Treatment: Stent, medication, diet Outcome: Managed well
Maternal Uncle #3	Allergy <i>Bee sting</i>	Age at onset/diagnosis: 50 Treatment: ER treatment, avoids bees Outcome: Ongoing
Paternal Half-uncle	Alcohol abuse	Age at onset/diagnosis: 40 Treatment: Treatment program Outcome: Resolved
Maternal Cousin #1 (daughter MU#3)	Allergy <i>Bee sting</i>	Age at onset/diagnosis: 18 Treatment: Emergency treatment, avoids bees Outcome: Ongoing
	Dyslexia	Age at onset/diagnosis: 18 Treatment: None Outcome: Resolved, now 26

Maternal Cousin #2	Asthma	Age at onset/diagnosis: 15 Treatment: Relocated Outcome: Resolved
Paternal Cousin #2	Anxiety	Age at onset/diagnosis: 26 Treatment: Medication Outcome: Managed

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