



## Interview Notes: 4978

Soft spoken and pensive, donor 4978 is a sweet, smart guy, and a great addition to our program. He came to our interview wearing a pinkish red, short sleeved guayabera style shirt with khaki pants, carrying a baseball cap and black backpack. He has smooth, dark chocolate skin, big, brown, gentle eyes, and full lips framed by a clipped mustache and goatee.

Born into an affluent Ethiopian family, donor 4978 spent his early childhood living in a house his family built in Ethiopia. He had what he described as a good life with a fully-staffed household and attendance at a British school. He and his siblings spent most of their time with their nannies, tutors, and chauffeurs, with one weekend each month reserved for quality family time. When he was about 8 years old, his parents separated. Around the same time, there was a coup d'état in Ethiopia, and his family's home was taken by the new government leaving them nowhere to go. After being granted exile, 4978, his siblings, and their mother came to the U.S. Now a single mom with five children, the family's economic position drastically changed and they went from a life of privilege to living in an East Coast ghetto. Donor 4978 describes the experience as horrible, but added that – having lived as they previously had – it was motivation for him and his siblings to be successful in life. Perhaps due to the shift in his environment, 4978 began getting in a lot of trouble at school and was increasingly disrespectful of his mother. During freshmen year of high school, he returned to Ethiopia to live with his father; this was a huge turning point for him and he started to really care about his family more during this time. His intention was to stay in Ethiopia for all of high school, but when war broke out between Ethiopia and Eritrea, his mother insisted he return to the States. Not fond of the area where they lived and knowing that it held little opportunities for him, donor 4978 decided he wanted to attend college on the West Coast. To establish residency, he moved to California his senior year of high school, where he lived with his brother, sister-in-law, and their children.

A self-taught bass, guitar, and piano player, 4978 satiated his musical interests as a DJ during college, spinning music he describes as reggae and urban in clubs and bars, at house parties, and even opening for bands. The highlight of his young adult life was when he was producing events, bringing artists to the U.S. from Jamaica. In addition to having tons of fun, he learned how to run a business. When donor 4978's parents nixed his plans to be a musician, he began exploring more traditional careers. After a brief go at chemical engineering, which he hated, he found great interest in chemistry and graduated top of his class. He is currently completing his PhD in biochemistry, and loves that his work allows him lots of travel and international collaborations. He added that he is so happy being a graduate student and, as long as he has enough money to pay his bills, would much rather be in school than working a 9-5. He hopes to start his own pharmaceutical company someday, providing much needed services in developing countries.

4978 met his son's mother during college; they lived together for a few years after their son was born, but are no longer a couple. The way in which he talked about their separation – *I broke my family up* -- showed that this was not an easy decision for him, but he says he was deeply unhappy in the relationship and knew it could not continue. Although they didn't make good partners, he recognizes that they are great co-parents. Admirably, he and his son's mother made the decision to always live near each other and followed each other on moves throughout the state as they both worked on completing their degrees. He sees his son 3-4 days a week; lately they've built a circuit board for watches, been camping, and 4978 is strengthening his piano skills through lessons from his son. I believe that 4978's commitment to and enthusiasm about his son speaks volumes about the type of person he is.

Interviewer: Kristen M.

Date: 4.24.14



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

## DONOR PROFILE: 4978

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor **4978** is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in February 2015

### PERSONAL INFORMATION

- Identity-Release® Program: **Yes**
- Month/year of birth: **November, 1983**
- Education: **BA, MS Chemistry, PhD Biochemistry in progress**
- Current occupation: **Student, Biochemist**
- Ethnic origin: **Ethiopian**
- Religion: **Orthodox Christian**

### PHYSICAL CHARACTERISTICS

- Height: **5' 9 ¼ "**
- Weight: **195 ½ lbs**
- Hair color: **Black**
- Hair type: **Curly**
- Eye color: **Dark Brown**
- Complexion: **Dark Brown**
- Body type: **Medium**
- Blood group/Rh: **O+**
- Baby photo available: **Yes**
- Other distinguishing features: **Dimples**

### 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

Genital/Reproductive: **S: Ovarian cysts 30, treated with surgical removal, resolved.**

Heart: **M: High cholesterol at 50, treated with diet change, exercise and medication, ongoing, managed. F: High blood pressure at 38, treated with diet change and medication, ongoing, managed. F: High cholesterol at 48, treated with medication, ongoing, managed. F: Stroke at 54, treated with hospitalization, fully recovered. PGF: High blood Pressure at 45, treated with medication, managed until death. PGF: Heart attack, age 62, no treatment, cause of death. MGM: High blood pressure at 46, treated with medication, ongoing until death at 52 (car accident).**

Metabolic/Endocrine: **MGF: Type 2 diabetes at 35, no treatment, complications until death at 46 (homicide). PGF: Type 2 diabetes at 50, no treatment, continued until death.**

Muscles/Bones/Joints: **PU1: Rheumatoid arthritis at 40, treated with medication, ongoing.**

Neurological: **S: Intracranial pressure at 18, treated with surgery, resolved.**

Sight/Sound/Smell: **D: Right eye 20/30, Left 20/30. M: Cataracts at 45, treated with surgery, resolved. MGF: Diabetic retinopathy at 40, no treatment, continued until death.**

Skin: **D: Eczema at 14, treated with topical cream, resolved at 15.**

Substance Abuse: **PU2: Alcohol dependence at 25, no treatment, ongoing.**

Other: **MU1: HIV/AIDS at 30, no treatment, cause of death within 1 year. MU2: HIV/AIDS at 30, no treatment, cause of death within 1 year.**

## DONOR LAB RESULTS

Chlamydia: **Not Detected**

Gonorrhea: **Not Detected**

Syphilis: **Non-Reactive**

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

CMV total antibody: **Negative**

Hepatitis B: **Non-Reactive**

Hepatitis C: **Non-Reactive**

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

Urinalysis: **Normal**

Chem panel: **Normal**

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**

## DONOR NARRATIVE: 4978

*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.

My personality is probably best described as serious and goal-oriented. But I do have my silly moments, especially when I'm around kids. I am always making new friends and taking on new adventures. The outdoors is my favorite daytime activity (i.e. biking, basketball, hiking, swimming, boogie boarding, camping, etc.). Anything involving live music is preferred for nighttime events. I do not like stagnation. Every few years I like to shift my attention to a new challenge with work and school. Curiosity is one of my best and worst traits. It has led me to great heights in my career, but it can sometimes prevent me from enjoying the moment. Taking the time to appreciate the loved ones in my life has helped me balance my personal life.

### What are your interests and talents?

When I was a boy I wanted to be an athlete because there weren't any other role models in our community who were considered "successful" in their endeavors. In middle school I realized that no matter how hard I worked there were others who can play soccer and basketball better than me (much better). So, I shifted my attention to music. Old-school reggae (dub) captured my heart and attention. I began playing the bass and joined a band with my older brother. Being in a band and later on a solo DJ was fun and rewarding in many ways but it exposed me to the unhealthy lifestyle of a musician. I came to the conclusion after speaking with my dad that I can keep music in my life as a hobby and begin looking for a more conventional professional career once I completed high school.

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

In my freshman year of college I realized that chemistry and math came relatively easily to me compared to my classmates. My professor suggested I seek a career as a research chemist after scoring the highest in our class exams and that's exactly what I did for the next 10 years. Chemistry and life sciences in general was an avenue for me to help those in developing nations who were less fortunate than myself. I felt a deep sense of duty to give back. So, I decided to complete my PhD before tackling those dreams of a better world. When I graduate I hope to start my own pharmaceutical company that provides drugs and medical supplies for those below the poverty line in the East African region. In ten years I see myself as the director general of a regulatory agency similar to the FDA.

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

**Math:** I have always loved math. If it were more applicable to solving our everyday problems I would of made a career out of it. Calculus was one of the most amazing courses I have taken in college.

**Mechanical:** Working with my hands is not my best asset. I don't like doing handy work at home and I absolutely hate working on cars. My mother says that's way my hands are so soft. I argue it's my genetic pool.

**Athletic:** I consider myself semi-athletic. I enjoy playing sports to stay healthy and strong. Table tennis is my favorite sport.

**Musical, Artistic, Creative:** I cannot draw or paint to save my life, but it comes very easily for my older brother. Music is something that runs in our blood. My maternal grandfather enjoyed playing classical piano very much, my maternal uncle performed all over Africa with a range of instruments, and my older

brother and I have an ear for music that's clearly distinct from our family and friends. My mom thought I was going to grow up to be a musician.

**Language (what languages besides English do you speak?):** I speak Amharic fluently. I forgot how to speak it during the first few years after coming to the US. But returning to Ethiopia for my freshmen year of high helped me learn the language and feel more confident about my place of origin.

**Writing:** I'm not the best writer but I can get the job done. I have tried numerous times to keep a personal journal but failed miserably. I see the value in a good writer but I lack the interest.

**Literature:** I enjoy reading biographies, history, news and other similar non-fiction.

**Science:** This is a subject I absolutely love and simultaneously find it very challenging. That's what I like most about it, it will never be "solved" or become dull and repetitive. This is also a subject where my curiosity gives me great advantage in asking questions and solving problems.

## If you were stranded on a desert island, what one book, movie and album would you bring?

This is not a fair question because my logical brain does not allow me to choose only one. But here's my top choice at this instant moment.

**Movies:** Ace Ventura: When Nature Calls

**Books/Authors:** Biochemistry textbook

**Albums/Musicians/Performances:** Bob Marley: Exodus

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

Initially, it was for financial reasons. After beginning the program's interview process I have convinced myself that if I could have more children I would and this is a great opportunity to pass on my genetic traits. Our current society does not allow us to have many children due to monetary and time constraints. This is a loophole.

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

Yes  No

### Why did you make this choice?

If my offspring is as curious as me it will drive him/her crazy with unanswered questions. Plus, we live in a digital age, it's not hard to find anyone living in a civilized society.

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

I hope what I'm doing is the right thing...



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## HEALTH PROBLEMS DONOR 4978

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
<b>Donor</b>	Eczema	Age at onset/diagnosis: 14 Treatment: Topical cream Outcome: Resolved at 15
<b>Sister</b>	Intracranial pressure <i>Pseudotumor cerebrii</i>	Age at onset/diagnosis: 18 Treatment: Surgery Outcome: Resolved
	Ovarian cysts	Age at onset/diagnosis: 30 Treatment: Surgical removal Outcome: Resolved
<b>Mother</b>	High cholesterol	Age at onset/diagnosis: 50 Treatment: Diet change, exercise, medication Outcome: Ongoing, managed
	Cataracts	Age at onset/diagnosis: 45 Treatment: Surgery Outcome: Resolved
<b>Father</b>	High blood pressure	Age at onset/diagnosis: 38 Treatment: Diet change, medication Outcome: Ongoing, managed
	High cholesterol	Age at onset/diagnosis: 48 Treatment: Medication Outcome: Ongoing, managed
	Stroke <i>Mild</i>	Age at onset/diagnosis: 54 Treatment: Hospitalization Outcome: Recovered fully
<b>Maternal Grandfather</b>	Type 2 diabetes	Age at onset/diagnosis: 35 Treatment: No treatment Outcome: Complications con't until death at 46
	Diabetic retinopathy <i>Secondary to untreated diabetes</i>	Age at onset/diagnosis: 40 Treatment: No treatment Outcome: Continued until death at 46 (homicide)

<b>Maternal Grandmother</b>	High blood pressure	Age at onset/diagnosis: 46 Treatment: Medication Outcome: Ongoing until death at 52 (car accident)
<b>Paternal Grandfather</b>	High blood pressure	Age at onset/diagnosis: 45 Treatment: Medication Outcome: Managed until death
	Type 2 diabetes	Age at onset/diagnosis: 50 Treatment: No treatment Outcome: Continued until death
	Heart attack <i>Fatal</i>	Age at onset/diagnosis: 62 Treatment: No treatment Outcome: Cause of death at 62
<b>Maternal Uncle #1</b>	HIV/AIDS	Age at onset/diagnosis: 30's Treatment: No treatment Outcome: Cause of death within 1 year
<b>Maternal Uncle #2</b>	HIV/AIDS	Age at onset/diagnosis: 30's Treatment: No treatment Outcome: Cause of death within 1 year
<b>Paternal Uncle #1</b>	Rheumatoid arthritis	Age at onset/diagnosis: 40 Treatment: Medication Outcome: Ongoing
<b>Paternal Uncle#2</b>	Alcohol dependence	Age at onset/diagnosis: 25 Treatment: No treatment Outcome: Ongoing

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