



INTERVIEW NOTES: 4888

Donor 4888 is tall, lanky and adorable. He's a very young looking 28 and probably still gets carded. He came to our interview wearing a light blue button down shirt, navy slacks and light brown loafers. His look is preppy and laid back and is punctuated by grey, square frame glasses circa 1980's style and a floppy pile of light brown, wavy hair. He wears big glasses but they can't distract from his beautiful blue/grey eyes. I found myself comparing him to a thinner Clark Kent with lighter hair and bigger glasses.

Donor 4888 is indeed a lover as his narrative says. From dogs to girls and everything in between, he throws his heart in 100%. Donor 4888's first love was a golden retriever. He remembers the dog with intense clarity, talking fondly of their adventures. He described the dog as both his best friend and smartest playmate. From that point on donor 4888 was a dog lover. He now fosters dogs for a rescue organization in his free time. Also on his list of loves are comic books, super heroes, drawing, baseball and climbing trees. Clearly donor 4888 is a kid at heart and someone comfortable with his heart on his sleeve at all times.

Born in small town Midwest America, donor 4888's parents divorced at age 5 and he began moving around a lot. Upon settling in the suburbs, donor 4888 made many friends he still has to this day. He spent his formative years out in the forest climbing trees and exploring. Although he was an only child, he had a close cousin he spent all his time with. His relationship with his father has not always been consistent, donor 4888 explained. There was a time when his father tried too hard to be his friend. As an adult, donor 4888 and his father have made amends and now enjoy a close relationship.

Straight out of high school, donor 4888 made his first attempt at college. Being naïve as many young people are, he bit off more than he could chew by declaring neurosurgery as his first goal. He soon realized how hard a track that really was and dropped out. After working a few grueling years working as a roofer, donor 4888 tried his hand again in school; this time on the West Coast. Eventually he got back on track with the more realistic goal of a major in Biochemistry. He hopes to one day change the face of medicine and help people live healthier life styles. I think donor 4888 is a wonderful donor.

Interviewer: Anat A.

Date: November 20, 2013



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

DONOR PROFILE: 4888

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor **4888** is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in **February 2014, Updated in April 2017**

PERSONAL INFORMATION

- Identity-Release[®] Program: **Yes**
- Month/year of birth: **December 1985**
- Education: **BS in Chemical Biology**
- Current occupation: **Research Assistant**
- Ethnic origin: **German, Norwegian, Welsh, Ukrainian, Jewish**
- Religion: **Agnostic**

PHYSICAL CHARACTERISTICS

- Height: **5'9**
- Weight: **147**
- Hair color: **Light Brown**
- Hair type: **Wavy**
- Eye color: **Blue**
- Complexion: **Fair/Rosy**
- Body type: **Medium**
- Blood group/Rh: **A-**
- 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

FAMILY MEDICAL HISTORY

Congenital Anomalies (Birth Defects): **MCo: Pectus excavatum (sternum bone depressed inward) at birth, no treatment needed, healthy at 19, complications.**

Gastro-intestinal: **PGM: Hepatitis C at 45, no treatment cause of death at 61.**

Genital/Reproductive: **PGM: Uterine problem (specifics unknown) at 45, treated with hysterectomy, resolved.**

Heart: **F: High cholesterol at 50, treated with diet change, ongoing. PGF: Heart failure at 72, treated with hospitalization, cause of death at 72.**

Mental Health: **D: Depression at 16, treated with medication, resolved at 18. M: Depression at 40, treated with medication, resolved at 50. MGF: Depression at 70, treated with medication, managed until death at 90. MU#2: Depression at 22, no treatment, suicide at 24.**

Neurological: **MA (half aunt): Multiple sclerosis at 30, treated with alternative therapies, managed now age 70.**

Respiratory (Lungs): **M: Asthma at 38, treated with inhaler, ongoing and managed. MGM: Emphysema at 72, treated**

with medication, ongoing until death at 81. MGM: Chronic obstructive pulmonary disease (COPD) at 80, treated with oxygen, cause of death at 81. MU: Alpha-one antitrypsin deficiency at 47, no treatment needed, managed.

Sight/Sound/Smell: **D: Uses glasses and contacts.**

Skin: **D: Mild acne at 14, treated with diet change, resolved.**

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**

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: (67 mutations) **No mutation detected**

DONOR NARRATIVE: 4888

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 am a very passionate and loyal person; I would do anything for the people I love. I am a lover, not a fighter and I want conflicted to be resolved promptly. Throughout my life I have always been an extroverted and curious person. I was independent and self-motivated from an early age. I tend to be carefree, and believe everything will work out. However, when the circumstances call for it, I can become very serious and focused.

What are your interests and talents?

I've always had a love for the outdoors: climbing, exploring, the ocean, hiking, and someday hope to own a sailboat. I enjoy and am quite good at chemistry and biology. I've always liked to sketch. I enjoy music ranging from Classical Baroque to 80s Punk. I love dogs and enjoy fostering rescues.

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

My biggest goal is to have a family. Additionally, I would like to earn a PhD. With a PhD, I hope to become a research scientist and eventually become a director of research. It is a dream of mine to find a way to prevent at least one of the metabolic diseases plaguing the world. I would like to spend time traveling and seeing all that the world has to offer. I like one day to retire to an island in the Caribbean.

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

Math: I have always been strong in math, but that being said it has always been my weakest area. I generally understand mathematical concepts, but relative to other areas of study I have to work hard at it especially with theory.

Mechanical: At a young age I was always taking things apart and putting them back together. I do a lot of automobile repairs myself, and can effectively fix most household issues.

Athletic: I have played football, baseball, lacrosse, soccer, and wrestled in my life. Of those I was good at baseball, wrestling, and moderately good at football. I always had pretty good eye hand coordination. Also, I can become good at golf if I play consistently.

Musical, Artistic, Creative: I love music, art, and poetry. I do not have much of talent for music or I never found an instrument I really enjoyed. I have always loved to draw.

Language (what languages besides English do you speak?): I speak French and Spanish poorly, but I've always done excellent in languages academically. With regular use my French and Spanish improve.

Writing: I write as an emotional outlet. I've found that writing is one of the most cathartic activities.

Literature: I seldom find the time to read, but when I find a book I enjoy I tend to not put it done until it is finished. Currently, I am anxiously anticipating reading I am Malala.

Science: I love organic chemistry and biochemistry! My love for the subjects began at an early age and has blossomed into a passion. I plan on spending my life studying organic chemistry and biochem.

Please list a few of your favorite:

Movies: The Big Lebowski

Books/Authors: The Tao of Pooh

Albums/Musicians/Performances: Revolver by The Beatles

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

Being a sperm donor was something I had often contemplated, but never thought I would do. With the legalization of gay marriage in many states and the movement toward a more tolerant society I felt that there would be more and more couples looking to start families; hence, I felt being a sperm donor could help people looking to have children. I spoke with friends about the idea and they supported the decision. So, I decided to move forward.

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

Yes

No

Why did you make this choice?

I choose to be an identity release program donor because everyone deserves to know where they came from. I may not play an active role in the development of a child conceived with my sperm, but we are genetically linked and that child deserves to be able to find out the history of his/her genes. It is possible that a child could possess a talent or affinity for something that was never learned or inherited from a known parent; if they ever wanted to meet me and discover if they got that from me I would want them to be able to.

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

If the child is anything like me than it will be stubborn and opinionated, but he/she will want nothing more than to love and be loved. I loved being read to every night. I like to be encouraged, but not pushed. On the worst days it might only take a hug, or a head rub to make it a better day. Always let him/her know that you support them and are proud of them. Don't be afraid to make a hard choice if you know it's right even if he/she doesn't like it, my parents made a few and it took me a long time to understand and appreciate them. Unconditional love, understanding, and acceptance are the most important things that I think I parent should know and instill in a child.

Listen to your parents! They love you more than you'll be able to understand until you're a parent yourself.



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HEALTH PROBLEMS DONOR 4888

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
Donor	Mild acne	Age at onset/diagnosis: 14 Treatment: Diet change Outcome: Resolved
	Depression	Age at onset/diagnosis: 16 Treatment: Medication Outcome: Resolved at 18
Mother	Asthma	Age at onset/diagnosis: 38 Treatment: Inhaler Outcome: Ongoing, managed
	Depression	Age at onset/diagnosis: 40 Treatment: Medication Outcome: Resolved at 50
Father	High cholesterol	Age at onset/diagnosis: 50 Treatment: Diet change Outcome: Ongoing
Maternal Grandfather	Depression	Age at onset/diagnosis: 70 Treatment: Medication Outcome: Managed until death at 90
Maternal Grandmother	Emphysema <i>Smoker</i>	Age at onset/diagnosis: 72 Treatment: Medication Outcome: Ongoing until death at 81
	Chronic obstructive pulmonary disease <i>COPD</i>	Age at onset/diagnosis: 80 Treatment: Oxygen therapy Outcome: Cause of death at 81

Paternal Grandfather	Heart failure	Age at onset/diagnosis: 72 Treatment: Hospitalized Outcome: Cause of death at 72
Paternal Grandmother	Uterine problem <i>Specific diagnosis not known</i>	Age at onset/diagnosis: 45 Treatment: Hysterectomy Outcome: Resolved
	Hepatitis C	Age at onset/diagnosis: 45 Treatment: None Outcome: Cause of death at 61
Maternal Half-Aunt#1	Osteoarthritis <i>Developed after car accident</i>	Age at onset/diagnosis: 11 Treatment: OTC meds Outcome: Ongoing, managed
Maternal Half-Aunt#2	Multiple sclerosis	Age at onset/diagnosis: 30 Treatment: Alternative therapies Outcome: Managed, now 70
Maternal Half-Uncle#1	Alpha-1 antitrypsin deficiency <i>A1AT</i>	Age at onset/diagnosis: 47 Treatment: None needed Outcome: Managed
Maternal Half-Uncle#2	Depression	Age at onset/diagnosis: 22 Treatment: None Outcome: Suicide at 24
Maternal Cousin	Pectus excavatum <i>Depressed sternum bone</i>	Age at onset/diagnosis: Birth Treatment: None needed Outcome: Ongoing, healthy at 19

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, there are a number of family members with depression, though the ages of onset are varied. It is possible that there is a slightly higher risk than the general population for problems with depression; however, depression is very common in the general population. It is also possible that the risk is not increased above background. The risk for other health problems (described above) occurring in offspring of this donor is not expected to exceed the risk in the general population.

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