



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 4914

Donor 4914 came to our interview wearing a bold, blue and white patterned button-down shirt open at the neckline to reveal a gold necklace. His whole look was what I would call *flamboyant*. His thinning black hair is slicked back and shiny over his oval-shaped face and beautiful, soulful, hazel eyes. His skin is a deep golden color, and he has slightly grown-in salt-and-pepper colored facial hair, covering a small dimple on his chin. He also has a fair amount of dark body hair. He has very well-manicured fingernails and three large rings on his fingers. He is sporting a silver watch and a black leather band bracelet. Overall, I can tell that donor 4914 cares about the way he looks. He is a meticulous dresser with a polished look. Listening to him speak is delightful because of his rich accent and lovely voice.

Donor 4914 grew up in a family-oriented, traditional Middle-Eastern community in Tehran. The focus of life there was family ties, food, and religion. As a child, he spent a lot of time surrounded by his large family and friends, much of it outdoors. He remembers being a very good child, always responsible, and very helpful to his family. Donor 4914's father was a self-starter, and built his life all on his own. He lived as a child in a small Iranian town, and then moved to Tehran to go to school and save money. Having seen the United States on TV, and desiring many of the things that life in America promised, he made the drastic decision to move to the States. Donor 4914's father and mother met as students in the States, and decided to move back to Iran after marrying. His father wanted to care for an elderly parent and had secured a job in Iran.

When donor 4914 was 26 years old, he followed in his father's footsteps and moved to the United States to pursue film school. The culture shock was immense. *People think it's going to be great in the U.S. based off movies and TV*, he told me, but in reality it was much more complex and difficult for him than he expected. He had problems with homesickness and getting around without a car. He could only speak to his family once or twice a month. The thing that struck him the most was the poverty and homelessness he saw everywhere on the streets. He couldn't understand why they didn't have family to care for them, something he would have expected in Iran.

After losing his student visa once when he chose to visit his ailing father, donor 4914 eventually reapplied and completed his BA in Visual Effects. More than anything, he wants to work on music videos and film, and is now applying to graduate school. He currently runs a small computer programming business.

Donor 4914 is a true gentleman. He actually stood when I entered the room AND when I left. He has a chivalrous air about him and genuinely seems to live by the manners we all grew up learning. He cares about his appearance, but not in a conceited way. Rather in the way that people used to back when you didn't leave the house without looking sharp. I could also tell he is a gentle soul, sweet and kind. He is the kind of person who will drop anything to help his parents or friends. He sees himself as a family-oriented man valuing faithfulness, hard work and commitment.

At the end of our interview, I asked him if there was anything else he wanted to say, and he explained that all his life he has relied on the same logic which is the core of everything he believes: *Focus on the positive, have faith. Everything will be ok, good days are coming.*

Interviewer: Anat A.

Date: February, 2014



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DONOR PROFILE: 4914

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor **4914** is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in April 2014 and updated in October 2014.

PERSONAL INFORMATION

- Identity-Release[®] Program: **Yes**
- Month/year of birth: **September 1981**
- Education: **BS in Electronics, BA in Visual Effects**
- Current occupation: **Computer and Web Programmer**
- Ethnic origin: **Persian, Iranian, Azari**
- Religion: **Islam**

PHYSICAL CHARACTERISTICS

- Height: **5'9"**
- Weight: **182**
- Hair color: **Black**
- Hair type: **Straight**
- Eye color: **Green/Hazel**
- Complexion: **Fair/rosy**
- Body type: **Medium**
- Blood group/Rh: **O+**
- Baby photo available: **Yes**
- Other distinguishing features: **Slightly crooked nose, dimple on chin**

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: **D: Allergies (seasonal) at 8, no treatment, resolved at 25. D: Allergy to fava beans at 18, treated with avoidance, managed. MA#1: Allergies (prescription pain medication) in 50's treated with avoidance, managed. MCo: Allergies (Fava beans) at 10, treated with OTC medication and avoidance, managed.**

Gastro-intestinal: **PU: Pancreatitis at 63, treated with diet change and medication, resolved. PA: Appendicitis at 57, treated with surgery. MU#2: Appendicitis in 30's, treated with surgery, resolved.**

Heart: **F: Heart attack at 62, treated with stent placement, resolved. MGF: High cholesterol in 50's, treated with diet and medication, ongoing until death. MGF: Heart attack at 58, no treatment, cause of death at 58. PGM: Heart attack at 87, no treatment, cause of death at 87. MU #1(Half Uncle): High cholesterol at 46, treated with diet change, managed. MU #1(Half Uncle): Coronary artery disease at 58, treated with by-pass surgery, managed. PU: High cholesterol in 60's, treated with diet change and medication, managed.**

Metabolic/Endocrine: **MU#1: Type 2 diabetes at 60, treated with diet and medications, managed.**

Muscles/Bones/Joints: **M: Osteoarthritis in 50's, treated with OTC medication, occasional recurrences. MGM: Osteoarthritis (mild) at 84, treated with OTC medications, ongoing and managed. PGM: Osteoarthritis in 80's, treated with herbal medications, managed.**

Neurological: **MGM: Alzheimer disease at 80, treated with medication and care, ongoing.**

Respiratory (Lungs): **PGF: Lung infection at 91, no treatment, cause of death at 91. MU#2: Asthma in 30's, treated with inhaler, managed. MU#4: Chronic obstructive pulmonary disease (COPD) in 50's, treated with inhaler, ongoing. MA#2 (Half Aunt): Chronic obstructive pulmonary disease (COPD) at 46, treated with smoking cessation, inhaler, ongoing. MU#1: Sleep apnea in 50's, treated with nighttime apparatus, managed. Sight/Sound/Smell: D: R eye 20/20, Left eye 20/15. D: Multiple ear infections at 5, treated with tubes placed in left ear, resolved. D: Hearing loss (partial in left ear) at 19, no treatment, managed.**

Other: **MGM: Peripheral arterial disease (leg artery blockage) at 86, treated with stent placement, 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

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

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

In most of the situations I hold my problems within myself and try to solve them on my own. I try not to expose my thoughts and concerns to others unless they ask me to do so. In a group of new people I'm not the one who starts the conversation unless they are more quiet than I am. However, I follow and continue the conversation which someone else has started; I mostly participate in subjects that are in my field of expertise or I have something to say about. When I get together family and/or friends, the shyness barrier breaks and I can express myself and even be very funny. Like everyone else, I have long and short term goals which I do my best to achieve; with that in mind, I wouldn't say that I'm necessarily a goal-oriented individual – I try to enjoy the current moment. Typically I'm very calm and don't get angry often – the only times that I would seriously get offended or angry is my friends or family are mistreated.

What are your interests and talents?

I'm very good at computer science, especially with computer programming. I also love creating computer graphics and visual effects for films and TV commercials. In general my passion is to create things; things that are unique and new. That's the main reason why I chose to learn art next to the computer science and electronics to combine artistic creativity with computer knowledge.

I'm also very patient in solving problems. If it's necessary I can spend hours researching and learning about a problem and find a solution for it.

Besides being passionate about learning new things in my field I love to teach what I have learned and share my experiences with others who need them; and my patience helped me being in this field.

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

My first and last goal is to make people happy. It's an amazing feeling when I help another individual overcome his/her problems. Thus, I truly enjoy sharing what I have achieved in life with others who may be in need of my guidance. Regarding my career and financial life, I have a goal to own and operate an international entertainment production company (which consists of TV and radio stations, amusement parks and concert planning firms). In ten years from now I see myself owning and operating my entertainment production company.

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

Math: As a computer programmer I look at Math as a tool which is a must to my career. I use Math on different levels on a daily basis.

Mechanical: Mechanics is also an area of study which I need to be able to obtain my future goals. I don't dig into it very deep but a surface knowledge is also necessary for me to be successful in my career.

Athletic: Being and staying fit is my daily goal. I love sport activities and I do them every day. I jog for 20 min every day, play racquetball and lift weight every other day and hike once a month.

Musical, artistic, creative: Art is definitely a big part of my daily life. I love listening to music and I follow my favorite artists very closely. I have a number of musician and singer friends here in the US as well as in my country Iran. I also built and operate a website/online radio station which gathers works of underground musician from Iran. My friends and I who work together on this project were also able to plan five successful concert tours for five artists/bands from Iran here in US in year 2013. I also love to play instruments myself - have just started getting tutoring from my musician friends in past few months. Beside music I also do sketches and matte painting as well. Since I'm a computer guy, most of my works are done digitally in computer rather than traditionally on paper or canvas.

Language (what languages besides English do you speak?): Farsi, Turkish and learning French.

Writing: Writing is a tool for me to create things. As I mentioned earlier in answer to the second question creating new things is my passion and writing is a tool for creating without any limitation. What you bring to paper is away from limitation that the actual world might have. Few years back I was not a fan of writing but taking a fiction writing class at University showed me different possibilities that writing can give me like nothing else. So I love writing specially fiction writing.

Literature: I am fascinated by ancient literature from Persia. To name a few, Ferdowsi and Jami are my favorite writers and poets.

Science: By definition, the word science refers to many branches and sub-branches; from social science to Earth and spaces. The scientific area that I am most familiar with is Formal science, the science of mathematics and logic – I believe that we are all exposed to it, and I, as a computer savvy am not an exception.

Stranded on an island what book, movie and album would you wish for?

Movie: The Fighter (by David O. Russell)

Book: The Secret by Rhonda Byrne

Album: 21 by Adele

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

Helping people and making them happy is my everyday goal; and knowing that there is a family out there happy because of me makes me even happier and motivated. Beside that I personally like having children and I didn't get a chance to get married and start my own family yet but again knowing that there is going to be kid out there which is coming from me makes me happy again.

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

Yes

No

Why did you make this choice?

I believe an offspring born has right to know about his biological origin. I put myself in the same situation and I feel I have to let my identity be available to my offspring. Beside that I'd love to be contacted by a boy or a girl in future and find out I'm their biological origin.

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

Just wanted to add that I've been through so many difficulties in my life just like everyone else; and sometimes I've been in very hard situations that not many people experience in their lives; but despite the situations I always had a strong faith, positive attitude and try to stay passionate for my goals therefore I always came out of the difficulties victor. I'm very soft hearted and I have big goals in my life; Goals that would make changes in some people's life. I don't know if personality would transfer with DNA but if it does its good that you know who I am and how I am. At the end I'd like to share with you my favorite quote and also wish you a happy life.

"Your attitude towards your challenges is the key to your happy life."



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HEALTH PROBLEMS DONOR 4914

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
Donor	Multiple ear infections	Age at onset/diagnosis: 5 Treatment: Tubes placed, left ear Outcome: Resolved
	Allergies <i>Seasonal</i>	Age at onset/diagnosis: 8 Treatment: None Outcome: Resolved at 25
	Allergies <i>Fava beans—hives</i>	Age at onset/diagnosis: 18 Treatment: Avoidance Outcome: Managed
	Hearing loss, <i>Partial, left ear</i>	Age at onset/diagnosis: 19 Treatment: None Outcome: Managed
Mother	Osteoarthritis <i>Knee</i>	Age at onset/diagnosis: 50's Treatment: OTC meds Outcome: Occasional recurrences
Father	Heart attack	Age at onset/diagnosis: 62 Treatment: Stent placed Outcome: Resolved
Maternal Grandfather	High cholesterol	Age at onset/diagnosis: 50's Treatment: Diet, medication Outcome: Ongoing until death
	Heart attack	Age at onset/diagnosis: 58 Treatment: None Outcome: Cause of death
Maternal Grandmother	Alzheimer disease	Age at onset/diagnosis: 80 Treatment: Medication, supportive care Outcome: Ongoing

Osteoarthritis
Mild, arms & shoulders

Age at onset/diagnosis: 84
Treatment: OTC meds
Outcome: Ongoing, managed

Peripheral arterial disease
Leg artery blockage, right

Age at onset/diagnosis: 86
Treatment: Stent placed
Outcome: Resolved

Paternal Grandfather

Lung infection

Age at onset/diagnosis: 91
Treatment: None
Outcome: Cause of death

Paternal Grandmother

Osteoarthritis

Age at onset/diagnosis: 80's
Treatment: Herbal meds
Outcome: Managed

Heart attack

Age at onset/diagnosis: 87
Treatment: None
Outcome: Cause of death

Maternal Aunt#1

Allergies
Prescription pain medication

Age at onset/diagnosis: 50's
Treatment: Avoidance
Outcome: Managed

Maternal Uncle #1

Sleep apnea

Age at onset/diagnosis: 50
Treatment: Nighttime breathing apparatus
Outcome: Managed

Type 2 diabetes

Age at onset/diagnosis: 60
Treatment: Diet, medications
Outcome: Managed

Maternal Uncle #2

Asthma

Age at onset/diagnosis: 30's
Treatment: Inhaler as needed
Outcome: Managed

Appendicitis

Age at onset/diagnosis: 30's
Treatment: Surgery
Outcome: Resolved

Maternal Uncle #4	Chronic obstructive pulmonary disease <i>COPD. Heavy smoker</i>	Age at onset/diagnosis: 50's Treatment: Inhaler Outcome: Ongoing
Maternal Half-Aunt #2	Chronic obstructive pulmonary disease <i>COPD. Heavy smoker</i>	Age at onset/diagnosis: 46 Treatment: Stopped smoking, inhaler Outcome: Ongoing
Maternal Half-Uncle #1	High cholesterol	Age at onset/diagnosis: 46 Treatment: Diet change Outcome: Managed
	Coronary artery disease	Age at onset/diagnosis: 58 Treatment: By-pass surgery, diet change Outcome: Managed
Paternal Aunt	Appendicitis	Age at onset/diagnosis: 57 Treatment: Surgery Outcome: Resolved
Paternal Uncle	High cholesterol	Age at onset/diagnosis: 60's Treatment: Diet change, medication Outcome: Managed
	Pancreatitis	Age at onset/diagnosis: 63 Treatment: Diet change, medication Outcome: Resolved
Maternal Cousin	Allergies <i>Seasonal, fava beans</i>	Age at onset/diagnosis: 10 Treatment: Over-the counter meds, avoidance 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.

