



## Interview Notes: 5003

Donor 5003 has a youthful face that resembles Harry Potter around the time of *Order of the Phoenix*, particularly because of his thick, dark eyebrows. The donor has a rounder face, a smaller mouth, and a less-defined jaw structure than Daniel Radcliffe. He has fair skin, a clear complexion, and on the day of our interview there was a trace of stubble visible above his lip. Donor 5003 arrived wearing loose-fitting, medium wash jeans, dark brown leather tennis shoes, and a white button-down dress shirt with thin grey pinstripes over a white t-shirt; the sleeves of his shirt were rolled up and cuffed just below the elbow. His short, straight brown hair was slightly tousled and his stylish thickly-rimmed black eyeglasses pulled together his casual, but slightly preppy look.

Donor 5003 was raised in the rural Midwest, and his parents still live in the same house that he grew up in. Although he doesn't enjoy the winters there, 5003 loves his hometown and attributes his small town upbringing and close-knit family to his appreciation for all things familiar. People and relationships are important to him and, despite his introverted nature and love of solitude, he really enjoys socializing. If he could have it his way, he'd fall asleep in a cabin in the woods every night and, by morning he'd be transported to a location where he is surrounded by people.

When he was around ten years old, 5003 was routed into his public school's *Gifted and Talented* program. From that early age, he had high expectations of himself and took classes that reflected that (including calculus in the 8<sup>th</sup> Grade). He was a member of the school band from Grades 5 through 12, and ran the tech side for his high school's theater group. In high school, as his social life grew richer, his GPA dropped to a 2.8 – mostly because he never submitted his assignments on time. However, standardized testing and AP classes were his saving grace, helping him to get a full ride to university. With what sounded like minimal studying, he did extremely well on both the SAT and PSAT (scoring 1520 out of 1600 on the SAT).

As college acceptances and scholarships were rolling in, 5003 developed an interest in local politics and was on the ballot for the school board during his senior year. He lost that race by a small margin and moved forward with his plan to attend a top-ranked, out-of-state university. Once there, Donor 5003 found that he lacked self-discipline and time management. By his third year – not performing to his potential and feeling lonely living on his own – he moved back home. He worked as a tutor at the local community college while taking classes, but the transition from a traditional college environment to community college was uninspiring and eventually he stopped taking classes. For a few years he worked on political campaigns of increasing importance, beginning with a friend's campaign for City Commissioner, and moving up to State-level House campaigns. After being told repeatedly that he wouldn't be hired post-campaign without his degree, 5003 returned to school and continued to consult on campaigns. His attitude and approach finally shifted this time around, and he graduated *summa cum laude*. While working full-time on a state campaign he decided, at the last minute, to apply to graduate school; he received full funding from several top-tier universities and is currently completing his PhD in Political Science.

A few more things about Donor 5003: he despises (and perhaps fears) mediocrity, he is funny, and he is looking forward to his older brother starting a family so he can be an uncle!

Interviewer: Kristen M.

Date: 8/13/14



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

## DONOR PROFILE: 5003

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor **5003** 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<sup>®</sup> Program: **Yes**
- Month/year of birth: **March 1981**
- Education: **Bachelor's degree in Political Science/Economics, pursuing PhD in Political Science**
- Current occupation: **Graduate student, Researcher/Instructor**
- Ethnic origin: **Greek, Irish, English, Swedish**
- Religion: **Atheist**

### PHYSICAL CHARACTERISTICS

- Height: **5'8"**
- Weight: **170.5**
- Hair color: **Medium brown**
- Hair type: **Straight**
- Eye color: **Dark brown**
- Complexion: **Fair/Rosy**
- Body type: **Medium**
- Blood group/Rh: **O-**
- 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: **D: Allergies, (cat dander) at 10, treated with avoidance, managed. F: Allergies (pollen) at 30, treated with OTC medication and avoidance, managed. B: Allergies (most rodents) at 22, treated with avoidance, managed.**

Blood: **PCo#1: Leukemia at 4, treated with chemotherapy, cause of death at 14.**

Gastro-intestinal: **F: Abdominal pain (possible pancreatitis) at 64, extensive medical evaluation, resolved.**

Genital/Reproductive: **M: Uterine fibroids, at 53, treated with hysterectomy, resolved.**

Heart: **F: High blood pressure at 48, treated with medication, managed. F: High cholesterol at 48, treated with medication, managed. MGF: Heart attack at 76, treated with bypass surgery, resolved. PGF: Heart attack at 56, treated with emergency treatment, cause of death at 56. PU: High blood pressure at 51, treated with medication, managed.**

Intellectual Disability: **D: Attention deficit disorder at 7, treated with medication, resolved at 13.**  
 Mental Health: **M: Depression at 46, treated with medication, managed.**  
 Muscles/Bones/Joints: **MGM: Osteoarthritis at 65, treated with medication, managed.**  
 Neurological: **M: Migraines at 48, treated with medication, managed. PCo#2: Migraines at 15, treated with medication, managed. PGM: Brain aneurysm at 68, treated with emergency surgery, debilitated until death at 79. MGF: Dementia/senility at 90, no treatment, ongoing until death at 96.**  
 Respiratory (Lungs): **PGM: Emphysema (former smoker) at 68, no treatment, ongoing until death at 71.**  
 Sight/Sound/Smell: **D: Maxillary sinus cyst at 15 & 31, treated with surgical repair (two times), resolved after second surgery. D: Right eye 20/200, Left eye 20/250 (most recent exam).**  
 Skin: **MGF: Skin cancer (basal cell) at 80, treated with surgical removal, resolved.**  
 Substance Abuse: **F: Alcohol dependence at 49, treated with rehabilitation program (AA), resolved with no relapses.**  
 Other: **D: Inguinal hernia (unilateral) at 23, treated with surgical repair, resolved. MGM: Bone cancer (metastatic, origin not known) at 79, treated with hospice, cause of death at 79.**  
 Cancer (see above): **MGM: Bone cancer. MGF: Skin cancer (basal cell).**

## DONOR LAB RESULTS

Chlamydia: <b>Not Detected</b>	Gonorrhea: <b>Not Detected</b>	Syphilis: <b>Non-Reactive</b>
HIV 1 & 2: <b>Non-Reactive</b>	CMV total antibody: <b>*Positive</b>	
Hepatitis B: <b>Non-Reactive</b>	Hepatitis C: <b>Non-Reactive</b>	HTLV 1 & 2: <b>Non-Reactive</b>
Urinalysis: <b>Normal</b>	Chem panel: <b>Normal</b>	CBC: <b>Normal</b>

*\*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)	<b>No mutation detected</b>
Spinal Muscular Atrophy (SMA):	<b>Two copies of SMN1 detected</b>
Hemoglobinopathies/Thalassemia:	<b>No abnormal hemoglobin detected (including sickle hemoglobin); No evidence of thalassemia</b>

## DONOR NARRATIVE: 5003

*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 think all of those words (in case they have been redacted: “introvert, extrovert, funny, serious, goal- oriented, curious, shy, etc.”) describe me, with the exception of extrovert. But we see in ourselves what’s brought to mind, do we not? I am more introvert than extrovert, surely. I need time to myself, and some private space to which I can retreat. Social interaction is also vital, though - I value my friendships above most everything I have. I know my friends think I am wickedly funny on occasion, but I am probably at least even parts serious and joker. I like to think I’m goal-oriented, but I prefer to tackle one task at a time, as sometimes when things pile up I lose track of what should come next. I think it’s only fair to call me curious, as I try to learn as many things about the

world as possible. I can be shy sometimes, but as I've gotten older I've shed some of my shyness as I've realized how insecure most other people feel most of the time, too.

(For what it's worth, casual Myers-Briggs tests pin me as an INFJ.)

### What are your interests and talents?

I am interested in most anything that happens in the world, so long as I can [at least partly] understand it. My primary interest, judging by my choice of graduate study, is politics; who knows how this will be colloquially defined many years from now, but I urge the reader to think of it as something more than bickering and pedantry. How do societies make decisions? Who is included in this process, and who decides not to include themselves? Why? How do institutional rules affect citizens' behavior? These are the types of questions I hope to find some answers to.

Aside from what I officially study, though, I love science and history, and sports and games, and music and art. I try to read the Science section in the New York Times each week, and when I find time to read for pleasure I usually read nonfiction. I watch sports on TV and in person when I can (these last few days I've been watching the 2014 World Cup), and I listen to 80s music (as well as some classical) and go to the occasional play.

As for talents... I'm a pretty good pool player. I'm learning to sail. I'm a valued member of any trivia team, I like to think. I can organize events; I worked for several years as a political organizer, and now I find myself stepping in when it's obvious a trip or a party or something is being poorly organized.

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

For now, at least, I think of my goals in the context of my career. I hope to be a university professor, ideally at a major research university, in 5 or 10 years. Short of this - and it's a big goal, so not getting there is possible - I would love to be a professor at a small liberal arts college, or anywhere near where I grew up. I hope to contribute to the literature on the subjects I mentioned earlier, and I would love to contribute to other disciplines entirely.

Naturally, I have other ambitions. I want to skydive. I want to travel, much more substantially than I have to this point (though I've been some places). I want to sail my boat into the sunset. I want to have children, and teach them some of the things I think I know. I want to live in a cabin in the woods in the wintertime.

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

**Math:** I have always excelled at math. From about second grade, I was given material beyond most of my classmates. That said, I wasn't a math major; I'm great through calculus, then my skills (at least so far!) fall off quickly.

**Mechanical:** I'm not too bad mechanically - better than my brother or my dad or my mom. I seem to have inherited some skill from my grandfather, perhaps by nature but definitely by nurture. I'm better at carpentry than with engines, but given some time I can usually figure out how things work.

**Athletic:** Not terribly gifted, I'm afraid, though I played several sports as a little kid (baseball, soccer, etc.) without totally embarrassing myself. I must have halfway decent hand-eye coordination, though, because I really am pretty good at pool.

**Musical, artistic, creative:** I played the trumpet for 8 years, starting in 5th grade, and I was decent at it. I can definitely keep a beat. I don't play anymore, though, and I never branched out into other instruments like I wanted to. I can read music, and have decent pitch. I can draw fairly well, but don't do it often. I think I'm creative, but more often mechanically than artistically.

**Language (what languages besides English do you speak?):** I speak no other languages fluently. I took three years of French in high school and two semesters of Russian in college. I understand a little Spanish, but only a little.

**Writing:** I was a good writer in school, and I think I still write very proficiently. I don't really write stories, though, I write to communicate.

**Literature:** I was allowed to skip some classes in high school, which had the regrettable side effect of letting me skip some of the classics as well. Thus, I'm not as well-read as I would like. I find most books accessible, though, and I have a few on my list to read some time soon - Moby Dick comes to mind (I'm being totally serious here).

**Science:** I love science. I excelled at both biology and chemistry in high school, and took much more biology in college than I was required to. What's more interesting than how the world works? Nothing, I think.

### Please list a few of your favorite:

**Movies:** Cool Hand Luke

**Books/Authors:** some sort of survival guide...? (for pleasure reading: Stephen King's The Stand.)

**Albums/Musicians/Performances:** tough question, but I'll go with Led Zeppelin's BBC Sessions.

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

Let's not mince words: graduate school doesn't pay too much. So that's part of it, and what drew my attention to the idea. But that's certainly not all of it; I think I have halfway decent genes to pass on, and I really like this particular sperm bank's mission. If there are people who want to have kids, and I can actually help somehow, then that seems like something worth doing.

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

☒ Yes ☐ No

### Why did you make this choice?

I don't know what it would be like to be someone who was conceived by way of donated sperm, but when I try to imagine myself in that position I think it would be really nice to at least have the option of contacting the donor. I know that my understanding of myself has been aided at times by watching my father, and by

talking with him about things, particularly in my adult life; I wouldn't want to deprive someone else of that opportunity. Basically, I think by the time this would be an issue, I would be prepared to have as many conversations as needed - and I wouldn't want to be pessimistic about my ability to do that. So, I agreed to be an Identity- Release donor.

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

I hope you achieve what you're hoping to! Thanks for reading.



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## HEALTH PROBLEMS DONOR 5003

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
Donor	Attention deficit disorder <i>ADD</i>	Age at onset/diagnosis: 7 Treatment: Medication until age 13 Outcome: Resolved at 13
	Allergies <i>Cat dander</i>	Age at onset/diagnosis: 10 Treatment: Avoidance Outcome: Managed
	Inguinal hernia <i>Unilateral</i>	Age at onset/diagnosis: 23 Treatment: Surgical repair Outcome: Resolved
	Maxillary sinus cyst	Age at onset/diagnosis: 15 & 31 Treatment: Surgical repair, times two Outcome: Resolved after second surgery
Brother	Allergies <i>Most rodents</i>	Age at onset/diagnosis: 22 Treatment: Avoidance Outcome: Managed
Mother	Depression	Age at onset/diagnosis: 46 Treatment: Medication Outcome: Managed
	Migraines	Age at onset/diagnosis: 48 Treatment: Medication Outcome: Managed
	Uterine fibroids	Age at onset/diagnosis: 53 Treatment: Hysterectomy Outcome: Resolved
Father	Allergies <i>Pollen</i>	Age at onset/diagnosis: 30 Treatment: OTC meds, avoidance Outcome: Managed
	High blood pressure	Age at onset/diagnosis: 48 Treatment: Medication Outcome: Managed

High cholesterol	Age at onset/diagnosis: 48 Treatment: Medication Outcome: Managed
Alcohol dependence	Age at onset/diagnosis: 49 Treatment: Rehabilitation program (AA) Outcome: Resolved with no relapses
Abdominal pain <i>Possible pancreatitis</i>	Age at onset/diagnosis: 64 Treatment: Extensive medical evaluation Outcome: Resolved. Normal evaluation for pancreas.

<b>Maternal Grandfather</b>	Heart attack	Age at onset/diagnosis: 76 Treatment: By-pass surgery Outcome: Resolved
	Skin cancer <i>Basal cell</i>	Age at onset/diagnosis: 80 Treatment: Surgical removal Outcome: Resolved
	Dementia/senility	Age at onset/diagnosis: 90 Treatment: None Outcome: Ongoing until death at 96
<b>Maternal Grandmother</b>	Osteoarthritis	Age at onset/diagnosis: 65 Treatment: Medication Outcome: Managed
	Bone cancer <i>Metastatic, origin not known</i>	Age at onset/diagnosis: 79 Treatment: Hospice Outcome: Cause of death at 79
<b>Paternal Grandfather</b>	Heart attack <i>Fatal</i>	Age at onset/diagnosis: 56 Treatment: Emergency treatment Outcome: Cause of death
<b>Paternal Grandmother</b>	Emphysema <i>Smoker</i>	Age at onset/diagnosis: 68 Treatment: None Outcome: Ongoing until death at 71
	Brain aneurysm	Age at onset/diagnosis: 68 Treatment: Emergency surgery Outcome: Debilitated until death at 79



<b>Paternal Uncle</b>	High blood pressure	Age at onset/diagnosis: 51 Treatment: Medication Outcome: Managed
<b>Paternal Cousin #1</b>	Leukemia	Age at onset/diagnosis: 4 Treatment: Chemotherapy Outcome: Cause of death at 14
<b>Paternal Cousin #2</b>	Migraines	Age at onset/diagnosis: 15 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