



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

## INTERVIEW NOTES: 5015

Donor 5015 is a smart and soft-spoken guy with a style that I would describe as *thrift store hipster chic*. He came to our interview wearing a classic Le Tigre polo shirt with red and blue stripes, brown pants, striped socks and black loafers. He has beautiful blue eyes, a sprinkle of freckles across his nose, and dimples. On the day we met, his curly light brown hair was slightly disheveled and he was growing out a thick mustache so he could be Tom Selleck for Halloween. In his profile notes, Donor 5015 says he has been compared to Freddie Mercury, but I think he has a closer resemblance to actor Michael C. Hall, even down to the way the corners of his mouth turn up.

Donor 5015 grew up on the East Coast with his parents and older brother. Their rural home was adjacent to farmland and wooded forests and 5015 has many fond memories of adventures with his older brother and friends. They'd often spend hours in the woods building forts and working on their fire-building skills. His family grew a large food garden, and, as a child, the donor had his own small herb garden situated next to their basketball court. 5015 told me that he'd frequently run off during basketball games to nibble on some chives. His parents were quite loving, if a little strict, and he has always enjoyed a great relationship with his older brother, whom he credits for influencing many of his musical interests.

In elementary school, 5015 remembers being a fidgety and somewhat eccentric child. Easily distracted, it took him longer to complete his schoolwork, although he always did well on the content of the assignments. After gaining more focus and receiving some occupational therapy for his handwriting, high school was easy for 5015. As he was telling me about this, he motioned toward some handwritten papers he'd submitted to us and said, referring specifically to his handwriting, *Sorry, it has gotten better!* Donor 5015 had several core groups of friends throughout high school: his self-described socialist punk club, friends from the tennis team, and friends from marching band. Participating in marching band was something his parents initially made him do, but he ended up liking it and was section leader his senior year.

After completing his undergraduate work, 5015 attended graduate school in the Midwest. A few years into his studies, his graduate advisor left. In finding a new advisor, he ended up having to change majors, which is how he ended up in molecular genetics. He completed some post-doctoral work in a rural area overseas which involved lots of driving around visiting farms and talking with farmers.

When he's not working, 5015 spends his time hiking or biking, practicing with his band, and fermenting things. His current favorite thing to ferment is *kefir* and he makes and drinks considerable amounts of it each week. He also has a daily home yoga practice and has travelled quite a bit, mostly on international work-related trips.

Donor 5015 plans to continue advancing his research career and has been toying with the idea of doing comedy on the side. He is currently working on some material to test out at open mic nights. When I learned of 5015's interest in comedy, I was expecting him to be cracking jokes throughout our conversation, but sadly, he did not share his comedic side with me. Overall, 5015 is friendly and humble, and is a great addition to our Identity-Release Program.

Interviewer: Kristen M.

Date: 9/12/14



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

## DONOR PROFILE: 5015

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 5015 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in October, 2014 and updated in May 2015.

### PERSONAL INFORMATION

- Identity-Release<sup>®</sup> Program: **Yes**
- Month/year of birth: **September, 1982**
- Education: **B.S. Plant Science; Ph.D., Molecular Genetics**
- Current occupation: **Scientist**
- Ethnic origin: **Irish, Russian, Polish**
- Religion: **Catholic**

### PHYSICAL CHARACTERISTICS

- Height: **5' 10¾"**
- Weight: **175 ½ lbs**
- Hair color: **Light brown/Ash blonde**
- Hair type: **Wavy**
- Eye color: **Blue**
- Complexion: **Fair/Rosy**
- Body type: **Medium**
- Blood group/Rh: **O+**
- Baby photo available: **Yes**
- Other distinguishing features: **No**

### 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: Seasonal allergies at 7, treated with medication, ongoing managed. B: Seasonal allergies at 6, treated with medication and nasal polyp surgery, ongoing, managed; improved after surgery.**

Genital/Reproductive: **M: Uterine fibroids at 45, treated with hysterectomy, resolved.**

Heart: **F: High cholesterol at 60, treated with diet change and medication, managed. PGF: High cholesterol at 80, diet change recommended, ongoing. MGF: Cardiac arrest while asleep at 82, cause of death.**

Mental Health: **D: Attention deficit hyperactivity disorder at 26, treated with medication, ongoing, managed.**

Metabolic/Endocrine: **PGF: Type 2 diabetes at 80, no treatment, ongoing. MGM: Hypothyroidism at 75, treated with medication, managed until death at 86. MA1: Hypothyroidism at 50, treated with medication, managed. MA2: Hypothyroidism at 55, treated with medication, managed.**

Muscles/Bones/Joints: **M: Scoliosis (mild) at 6, no treatment, managed. M: Osteoporosis at 70, treated with diet change and medication, ongoing, managed. F: Osteoarthritis at 65, treated with heating pad and medication, managed. MGM: Osteoarthritis at 80, treated with medication, managed.**

Sight/Sound/Smell: **D: Colorblindness at 7, no treatment needed, ongoing. Right eye: 20/80, left eye: 20/115 before Lasik surgery; R: 20/15, L: 20/15 after Lasik surgery. M: Tinnitus at 7, no treatment, ongoing. F: Cataracts at 70, surgery planned, ongoing.**

Skin: **D: Acne at 16, treated with medication, resolved, no scarring. B: Acne treated with topical cream, resolved. MCo#1: Acne at 15, treated with medication, resolved at 17. MCo#2: Acne at 14, treated with medication, resolved at 18.**

Cancer (see above): **MGM: Lymphoma at 85, treated with blood transfusions, cause of death at 86.**

Other: **D: Inguinal hernia at 25, treated with surgery, resolved. F: Herniated disc at 68, treated with surgery, resolved.**

## 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>Negative</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>

## 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: 5015

*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.

On Myers-Briggs tests I reliably come up "INFP," though the "Introverted" is the weakest characteristic. I tend to be shy around individuals who I don't know very well, but with friends and family I am usually boisterous and lively. Humor is very important to me- I love laughing and making people laugh. I'm fond of double entendre and puns. More inclined towards the silly than the serious, I tend to be more cooperative than competitive. As a child I gravitated towards games where everybody wins (who wouldn't like to win!). I can be competitive in sports but it is easy for me to that off. I'm really bad at card games- I've played Euchre about 50 times but I still need the rules explained to me to have any clue of how to play.

## What are your interests and talents?

I like good music- I'm currently in a band, playing bass. It's goofy and fun. I like cooking and fermenting things (kefir, beer). Not too big on baking. I don't like to follow recipes TOO closely. I can put my feet behind my head. I

really like learning about science and the evidence behind science facts. I'm only moderately into science fiction. I really like making people laugh. I really, really like making myself laugh.

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

I'd like to use my education to make something that has a lasting impact in making the world a better place for people. This will most likely be by improving products to be less damaging to the environment we are a part of. That is probably my broad scientific goal. In 10 years I would have liked to move on from the life of a work-a-day scientist to having my rural enterprise. I want to raise goats and make kefir. Maybe do some contract field research for universities or state extension or some statistical consulting gigs. I'd like a yurt- I'm drawn to round spaces. I'd like to help aid in the resettlement of refugees with a rural/agricultural background. And like everyone else, I'd like time to write!

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

**Math:** My job requires me to regularly do advanced statistics and I am very comfortable with math in general. I'd say my math competency is in 90th-95th per centile of the general population, however I don't have a deep, instinctual feel for numbers and symbolic notation that friends I know who I feel are REALLY good at math do.

**Mechanical:** I can take things apart and put them back together. I'm not super handy at building, cutting, or gluing straight or precisely. I can follow wires and figure out how some things work. I've actually gotten more interested in mechanical things in recent years. I'm terrible at making pie crust, which I feel is related to my mechanical inability for precision.

**Athletic:** I'm generally athletic. In high school, I was co-captain of the tennis team, with a game that was solidly rooted in speed (the fastest guy on the team), power (lifted a lot of weights back then), and inconsistency (I hit so many track team members running outside the tennis court perimeter that they accused me of having a vendetta against them). I lifted weights for a number of years, but in recently years I've done a lot of yoga. I like to play basketball, particularly defense (people generally groan about me guarding them), but on offense I usually just pass the ball as soon as possible. I've got some decent moves on the block but being a 5'10" post player doesn't usually work out that great, even in pick up.

**Musical, artistic, creative:** Similar to math, I am pretty musically competent but not necessarily gifted. I play a number of instruments, the majority of them self taught. I've played in amateur orchestras and hardcore punk bands. My attempts to sing are mildly atrocious, but I've never really spent time training my voice either. I used to write humor columns for my school paper, which I loved doing, but since going science grad school I've really not had/made much time for creative writing. I'm terrible at drawing (I tried to draw Alf the other day and he came out looking like a traffic cone with a beak), precision crafts (I once knitted a scarf a really long scarf during a single football-watching season though, but it had so many holes from missed purls it's pretty useless), and anything involving moderate glue application (my first grade teacher told me, as she put my glue soaked project to dry on the radiator, that I use more glue for than the whole Chinese Army, who apparently didn't craft much in the early 90s).

**Language (what languages besides English do you speak?):** None

**Writing:** I used to write a lot, but, having spent so much time focused on technical writing, I feel I've lost my ability. I actually abhor technical writing, but I'm fine at it once I start getting words on the page.

**Literature:** I like reading. It is what I do on vacation. I had perfect reading comprehension score on the ACT, which probably doesn't mean anything to you unless you are in the Midwest.

**Science:** I'm good at science. It puts food on the table and socks on my feet. In my career I've moved through many different fields, from molecular to statistical to agricultural (yes, literally, fields), and enjoyed them all. I spend a lot of my free time reviewing the evidence around random science questions and some times it is a problem.

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

**Movie:** Who Framed Rodger Rabbit (live action or cartoon? BOTH)

**Book:** I wanted to say Fantastic Mr. Fox, but I should really choose something really long. Infinite Jest? I could probably read that again. I read War and Peace in high school and honestly I can't stand all the French in it.

**Album:** Black Saint and the sinner lady, Charles Mingus

I'd probably try to sneak in Jane Doe by Converge as well. And some coconuts to plant.

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

I am interested in helping those who want to have child and are seeking a sperm donor for whatever reason. I feel I've been lucky genetically- I've had no major health problems, many things come fairly easily to me, don't struggle with my weight as I've gotten older, I've never had a cavity- and I think these would be decent traits to pass on for those who are hoping to have a child.

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

☒ Yes

☐ No

### Why did you make this choice?

I think it is important to be open about the situation. It may be hard for an individual to not have any sense of where their half their genetic heritage came from. Even if one loves and respect their parents and couldn't be happier with their upbringing, there may still be unanswered questions about themselves. More and more we are learning about all the profound ways genetics touches many aspects of our lives, from health to behavior. Everyone should have some access to glimpse his or her own genetic identity.

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

No answer was provided.



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

## HEALTH PROBLEMS DONOR 5015

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
Donor	Colorblindness	Age at onset/diagnosis: 7 Treatment: None needed Outcome: Ongoing
	Allergies <i>Seasonal</i>	Age at onset/diagnosis: 7 Treatment: Allergy shots, medication Outcome: Ongoing, managed
	Acne	Age at onset/diagnosis: 16 Treatment: Medication Outcome: Resolved, no scarring
	Hernia <i>Inguinal</i>	Age at onset/diagnosis: 25 Treatment: Surgical repair Outcome: Resolved
	Attention deficit hyperactivity disorder <i>ADHD</i>	Age at onset/diagnosis: 26 Treatment: Medication for a year Outcome: Ongoing, managed
Brother	Allergies <i>Seasonal</i>	Age at onset/diagnosis: 6 Treatment: Allergy shots, medication, surgery to remove nasal polyps at 33 Outcome: Ongoing, managed; improved after surgery
	Acne <i>Moderate</i>	Age at onset/diagnosis: 15 Treatment: Medication: antibiotics/topical cream Outcome: Resolved
Mother	Scoliosis <i>Mild</i>	Age at onset/diagnosis: 6 Treatment: None needed Outcome: Managed
	Tinnitus <i>Left ear, after exposure to a loud noise</i>	Age at onset/diagnosis: 7 Treatment: None Outcome: Ongoing
	Uterine fibroids	Age at onset/diagnosis: 45 Treatment: Hysterectomy Outcome: Resolved

<b>Mother</b>	Osteoporosis	Age at onset/diagnosis: 70 Treatment: Diet change, medication Outcome: Ongoing, managed
<b>Father</b>	High cholesterol	Age at onset/diagnosis: 60 Treatment: Diet change, medication Outcome: Managed
	Osteoarthritis	Age at onset/diagnosis: 65 Treatment: Heating pad, OTC meds Outcome: Managed
	Herniated disc	Age at onset/diagnosis: 68 Treatment: Back surgery Outcome: Resolved
	Cataracts	Age at onset/diagnosis: 70 Treatment: Surgery is planned Outcome: Ongoing
<b>Maternal Grandfather</b>	Cardiac arrest <i>While sleeping</i>	Age at onset/diagnosis: 82 Treatment: None Outcome: Cause of death
<b>Maternal Grandmother</b>	Hypothyroidism	Age at onset/diagnosis: 75 Treatment: Medication Outcome: Managed until death at 86
	Osteoarthritis	Age at onset/diagnosis: 80 Treatment: OTC meds Outcome: Managed
	Lymphoma	Age at onset/diagnosis: 85 Treatment: Blood transfusions Outcome: Death at 86
<b>Paternal Grandfather</b>	High cholesterol	Age at onset/diagnosis: 80 Treatment: Diet change was recommended Outcome: Ongoing
	Type 2 diabetes	Age at onset/diagnosis: 80 Treatment: Diet change was recommended Outcome: Ongoing, deteriorating health
<b>Maternal Aunt#1</b>	Hypothyroidism	Age at onset/diagnosis: 50 Treatment: Medication Outcome: Managed
<b>Maternal Aunt #2</b>	Hypothyroidism	Age at onset/diagnosis: 55 Treatment: Medication Outcome: Managed

<b>Maternal Cousin #1</b>	Acne <i>Mild</i>	Age at onset/diagnosis: 15 Treatment: Medication Outcome: Resolved at 17
<b>Maternal Cousin #2</b>	Acne <i>Moderate</i>	Age at onset/diagnosis: 14 Treatment: Medication Outcome: Resolved at 18

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).

The donor reports having colorblindness. Colorblindness is nearly always X-linked recessive. The donor's female offspring are obligate carriers for colorblindness, and the donor's male offspring will be unaffected, non-carriers. There may be a possible increased risk for adult-onset hypothyroidism based on three second-degree maternal relatives with hypothyroidism. There may also be no increased risk above population risk.

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