INTERVIEW NOTES: 5342

Donor 5342 is a straightforward, sweet, wonderful young man. He came to our interview wearing a grey polo shirt, jeans, and clean brown shoes. His black hair was kept perfectly gelled in a clean crew cut. The donor is strongly built with brown skin and dark brown almond-shaped eyes under full symmetrical brows. He has full lips and a clean-shaven face. He is reserved and respectfully soft-spoken, but after we got chatting a bit, he began to open up. He is delightful, thoughtful, and a pleasure to get to know. Donor 5342 displayed a serious resting energy that belied how friendly and polite he was.

Donor 5342 was born into a military family in the Southwest. He has two brothers and a sister. His mother worked as a personal trainer while raising children. Coming from a strictly traditional military household with two solid, tough parents, donor 5342 was taught to be extremely well -mannered at an early age, always responding to others with a *Yes Ma'am* or *Yes Sir*. He chuckled as he told us that he also acquired the extroverted, competitive, and rowdy side of his personality from his father. Sometimes he and his siblings would even settle differences with a wrestling match. Even though they now live in different parts of the country, 5342 maintains close relationships with his whole family.

His father, being a military man, was often relocated to different stations throughout the country. 5342 and his siblings attended about seven different schools before graduating from high school. Although he moved often, he did not have any trouble making friends at school, as he was always very involved in school sports. Both of his parents always encouraged a physically active lifestyle. He enjoyed playing football, soccer, and was also a part of the wrestling team, but football has always been his favorite team sport.

Donor 5342 excelled in school, especially when it came to History, Math, and Mechanics. His father tended to discourage his interest in the Arts, but since 5342 first moved to the West Coast, he has become increasingly interested in opening his mind to the art and culture of the area. He has even picked up reading in his free time, which is something his younger self wouldn't have done willingly. He is a very mindful person and is actively working on moving away from stereotypes that he says were encouraged by his father.

Donor 5342 grew up with the intention to follow his father's footsteps into the military. His mother urged him to get a college education first, before joining the military. 5342 earned a Bachelor's degree in Sociology while simultaneously participating in his school's military program.

Adventurous in spirit, 5342 took a job offer with an oil refinery company on the West Coast, but since he's well-experienced when it comes to moving to new places, he says he's *good pretty much anywhere as long as he can access a gym*. During his free time, he enjoys lifting at his gym, playing basketball, and going to church. He dreams of one day visiting *all of the countries that touch the Mediterranean Sea*. As a long-term goal, 5342 plans to pursue a career in law enforcement. Overall, 5342 is a wonderful, kind person who clearly values family and tradition, while remaining open to experiencing the different ways of the world. He is a fabulous addition to our program.

Interviewers: Maribel L. & Marisa S. Date: January 27, 2017

DONOR PROFILE: 5342

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 5342 is eligible and approved for semen donation at The Sperm Bank of California. This profile was prepared in July 2017 and updated in September 2017.

Personal Information

• Identity-Release Program: Yes

Month/year of birth: November 1988Education: Bachelor of Arts, Sociology

Current occupation: Environmental Specialist
 Ethnic origin: Mexican/Mestizo/Native American

Religion born into: Christian

• Religion practicing: **Christian**

PHYSICAL CHARACTERISTICS

Height: 5'9"
Weight: 209
Hair color: Black
Hair type: Thick

• Eye color: Dark brown

• Complexion: Light brown

Body type: LargeBlood group/Rh: A+

Baby photo available: YesOther distinguishing features:

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: Penicillin allergy in infancy, treated with avoidance, ongoing. D: Seasonal allergies, and allergies to dust and mites at 4, treated with avoidance, ongoing.

Gastrointestinal: MHS: Stomach ulcer at 27 (while pregnant), no treatment, resolved after delivery. M: Gallbladder disease at 50, treated with surgery, resolved. MGM: Gallbladder disease at 32, treated with surgery, resolved. PU1: Gallbladder disease at 45, treated with surgery, resolved.

Genitourinary: MGM kidney failure at 75, treated with dialysis, ongoing.

Heart: PHU: Coronary artery disease at 48, medication, contributed to death at 54.

Mental health: PGF: Alzheimer's disease at 72, treated with medication, cause of death at 75.

Metabolic/Endocrine: MGF: Type 2 diabetes at 42, diet and exercise, managed. MGM: Type 2 diabetes at 45, treated with medication, insulin, ongoing. PGM: Type 2 diabetes at 42, treated with insulin and had leg amputation, cause of death at 61. MHU: Type 2 diabetes at 40, treated with insulin, managed.

Sight/Sound/Smell: D: Right eye: 20/20, Left eye: 20/20.

Other: D: Otitis media at 4, ear tubes placed, resolved. D: Tonsillitis at 7, surgery, resolved. D: Sinusitis

(recurrent) at 15, treated with endoscopic nasal surgery, 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

DONOR NARRATIVE: 5342

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.

I would consider myself to be an extrovert. I have a laid back clever sense of humor when there is no since of urgency but can become very competitive and serious when an objective or occasion arises that needs to be taken serious. Grew up with a Father being in the military and being very strict. Also moved a lot, went to nearly a dozen different grade schools in three different states. So depended on sports and humor to make friends moving around so much. Never really shy, outgrew it as a young child. Have a very protective and Brother's keeper personality, being the oldest boy in the family with two younger brothers and older sister. Always got in trouble in school for fighting bullies picking on weaker kids in school. Very daredevil and adrenaline junkie personality, not scared to get hurt or in trouble. From extreme sports and cliff jumping to shooting guns and hunting. Never had a very sensitive or artistic personality growing up. Just recently been reading a lot more and becoming more open minded about life. Always grew up with a strong faith just not super religious.

What are your interests and talents?

My interests have always been sports growing up. I played sports all year round since age of 5. Became very good and Captain of teams at physical sports like football, wrestling and powerlifting in high school. Competed in power lifting and wrestling at a championship level. Had partial scholarships to play football at a number of colleges but committed more to another interests of mine at the time. Joined the military and graduated in top ten percent in both Boot Camp and Officer Candidate School. Still played some semi-pro football. Always played basketball growing up and still to this day play a few times a week at the gym along with lifting weights daily. I also boxed in high school and when I joined the military picked up jiujitsu. I did a lot of MMA sparing and still do to this day.

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

My goal in life is now to find something different and be a pathfinder for my family. All my siblings are in the military and other relatives have some type of blue-collar work. Which is not a bad thing just ever since I moved to bay area nearly two years ago, learned a lot about entrepreneurship and building assets. Met several people that retired in young and built an asset with residual income. Just want to keep learning and be able to retire young to help my siblings, nephews and nieces not have to work for thirty plus years like my father and older relatives.

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

Math: Was always one of my stronger subjects in school

Mechanical: Very mechanically inclined, worked in tire shop all through college. Worked in armory in Marine Corps so had to take several different weapons apart to clean and put back together.

Athletic: Very athletic growing up and even now go to gym daily to lift, hoop, and grapple

Musical, Artistic, Creative: Never too much into arts or music. I guess I come up with creative ways to win in sports or to get in trouble. Did have to take courses in college and gave me a perspective on different cultures which is what my degree is in, Sociology and psychology.

Language (what languages besides English do you speak?): Just english, know a little of Spanish but not fluently

Writing: Didn't like writing in school. Did enough to stay on A B honor roll

Literature: Not so much romantic or most literature in grade school. Did like history literature though, especially on wars and warriors.

Science: Feel like I have decent science skills, never excelled but never struggled either

Please list a few of your favorite:

Movies: Gladiator, Training Day, Full Metal Jacket, Sandlot

Books/Authors: The Holy Bible, The Go-Giver/Bob Burg, John Maxwell books, The Alchemist

Albums/Musicians/Performances: Jeezy, Maxwell, J. Cole, Bill Withers, Ottis Redding

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

Other than the obvious and main reason of possibly helping people get a blessing in a baby. I feel like it would help me keep a stricter diet and live healthier. I think it could keep me focused on my goals and health because I would have a reason bigger than myself.

You have joined the Identity-Release® Program. What appeals to you about this program?

It would give me a little more motivation to be a "Successful" man knowing that an offspring of mine might possibly reach out to me. Definitely wouldn't want to be a bad example.

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



HEALTH PROBLEMS DONOR 5342

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/RESOLUTION
Donor	Allergies	Age at onset/diagnosis: Infancy
	Penicillin	Treatment: Avoidance
		Outcome: Ongoing
	Otitis media	Age at onset/diagnosis: 4
	Ear infections	Treatment: Tubes placed
		Outcome: Resolved
	Allergies	Age at onset/diagnosis: 4
	Seasonal, dust, mites	Treatment: Avoidance
		Outcome: Ongoing
	Tonsillitis	Age at onset/diagnosis: 7
		Treatment: Tonsils & adenoids removed surgically
		Outcome: Resolved
	Sinusitis	Age at onset/diagnosis: 15
	Recurrent	Treatment: Endoscopic nasal surgery
		Outcome: Resolved
Maternal Half-Sister	Stomach ulcer	Age at onset/diagnosis: 27 (while pregnant)
		Treatment: None
		Outcome: Resolved after delivery
Mother	Gallbladder disease	Age at onset/diagnosis: 50
	Gallstones	Treatment: Surgical removal
		Outcome: Resolved
Maternal Grandfather	Type 2 diabetes	Age at onset/diagnosis: 42
		Treatment: Diet & exercise
		Outcome: Managed
Maternal Grandmother	Gallbladder disease	Age at onset/diagnosis: 32
	Gallstones	Treatment: Surgical removal
		Outcome: Resolved

	Type 2 diabetes	Age at onset/diagnosis: 45
		Treatment: Medication, insulin
		Outcome: Ongoing
	Kidney failure	Age at onset/diagnosis: 75
		Treatment: Dialysis
		Outcome: Ongoing
Paternal Grandfather	Alzheimer's disease	Age at onset/diagnosis: 72
		Treatment: Medication
		Outcome: Cause of death at age 75
Paternal Grandmother	Type 2 diabetes	Age at onset/diagnosis: 42
		Treatment: Insulin, amputation
		Outcome: Cause of death at age 61
Maternal Half-Uncle	Type 2 diabetes	Age at onset/diagnosis: 40
		Treatment: Insulin
		Outcome: Managed
Paternal Uncle #1	Gallbladder disease	Age at onset/diagnosis: 45
	Gallstones	Treatment: Surgical removal
		Outcome: Resolved
Paternal Half-Uncle	Coronary artery disease	Age at onset/diagnosis: 48
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		Treatment: Medication

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 may be a slightly higher than average risk for gallbladder disease for biological relatives of the donor, but the donor is in a higher risk group simply based on ethnic background. There are a number of family members with type 2 diabetes; this condition is strongly influenced by lifestyle factors. Otherwise, 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