



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 5865

Donor 5865 came to our interview dressed in a forest green hoodie, white t-shirt, black slacks and black Oxfords. He wore his shoulder length light auburn brown hair slicked back with a bit of a wave on the tips. He has a short beard and moustache with a dimpled shy smile. His eyebrows have an upward shape over focused green eyes. Donor 5865 describes himself as an introvert and reminded our staff of a younger version of the actor Sean Bean.

Donor 5865 grew up down under in Australia with his dad and younger brother. His parents divorced when he was young and he and his brother lived primarily with their dad. They lived about 40 minutes outside of a major city where he and his friends could ride their bikes, have water balloon fights in the summer, and climb trees in relative safety. He and his brother are only two years apart so they spent most of their childhood having fun together playing with friends and their shared puppy, and exploring the neighborhood.

Donor 5865 was a good student who loved to read at an early age. He found enjoyment in math during Primary and his pull to mathematics as well as a passion for classic Nintendo video games kindled his love for computers in high school. As a child, donor 5865 played Australian rules football, practiced Judo, and even played a year of basketball before discovering computers. As he stated, once he discovered computers he “*went full nerd*”.

Donor 5865 got a home computer at 13 or 14 and instantly fell in love. Although the home computer was as impressive as it was expensive for the time, donor 5865 knew he had the capability and the knowledge to make it even faster and carry even more memory to suit him. He immediately started tinkering with it, taking it apart, adding memory and overall creating his ideal computer. After spending a few months of work on the computer, he got the support of his father to gather various parts and he began to build his own from scratch. Once he built his own computer, he started modifying his own computer games as well as learning to program video games after school.

Donor 5865 enjoyed his time in school but he really enjoyed any subject that was taught by engaging, passionate teachers such as his Physics teacher in grade eleven. Physics quickly became a favorite subject and ultimately led to his decision to go to school for Engineering.

Donor 5865 has traveled extensively which seems to have started during University. He enjoyed multiple international internships that took him around the world. He has traveled throughout Europe, Japan, South Korea, China and Singapore. He moved to the US over a decade ago as Silicon Valley was always his ultimate destination in order to be surrounded by opportunities in tech.

He started his career in the US at a number of small but elite startups, both nonprofit and for profit. This resulted in donor 5865 honing his craft with some of the brightest minds in tech.

Donor 5865 spends most of his time with his wife and two small children and enjoys spending Christmas in summer with his family in Australia. He is excited to be in our program and we are happy to have this thoughtful donor.

Interviewed by Kenya C. and Alex M. on 3/29/21



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DONOR PROFILE: 5865

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 5865 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in May 2021

PERSONAL INFORMATION

- Identity-Release® Program: **Yes**
- Month/year of birth: **March 1983**
- Education: **B.S. Engineering & Computer Science**
- Current occupation: **Management & Software Engineering**
- Ethnic origin: **English**
- Religion born into: **None**
- Religion practicing: **None**

PHYSICAL CHARACTERISTICS

- Height: **5' 7"**
- Weight: **165**
- Hair color: **Medium brown**
- Hair type: **Wavy**
- Eye color: **Green**
- Complexion: **fair/creamy**
- Body type: **mesomorphic (muscular)**
- Blood group/Rh: **A+**
- Baby photo available: **Yes**
- Other distinguishing features: **prominent cheekbones, dimples, Riker beard**

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: **MGF: Seasonal allergies onset unknown, treated with lifestyle changes, managed.**

Blood: **M: Anemia in late teens, treated with iron supplements, resolved.**

Gastrointestinal: **M: Stomach ulcer at 33, treated with diet change, resolved. Colon polyps at 55, treated with surgery, resolved. Half B: Intussusception, treated with surgery, resolved. MGF: Intestinal cancer at 72, treatment unknown, cause of death at 72.**

Genital/Reproductive: **M: Premature Menopause at 42, no treatment.**

Heart: **F: Hypertension in 50s, treated with medication, managed. High cholesterol at 44, treated with medication, managed. MGM: Ministroke in 70's, treated with medication, resolved. PGF: Heart attack at 67, no treatment, cause of death at 67.**

Metabolic/Endocrine: **M: Hypothyroidism at 48, treated with medication, managed. F: Hypothyroidism in 50s, treated with medication, managed.**

Muscles/Bones/Joints: **M: Osteoarthritis in 30s, treated with physical therapy, exercise, managed. MGM: Osteoporosis at 70, treated with supplements, managed.**

Neurological: **M: Migraines in teens, no treatment, resolved.**

Respiratory (Lungs): **M: Asthma at 48, treated with medication, managed. Emphysema at 55, treated with medication, managed. Chronic Obstructive Pulmonary Disease (COPD) at 55, treated with medication, managed. MA: Asthma in childhood, treated with medication, managed. MU#1: Asthma in childhood, treated with medication managed. MU#2: Asthma in childhood, treated with medication, managed.**

Sight/Sound/Smell: **R: 20/13, L: 20/20**

Skin: **MGM: Psoriasis in 30s, treated with medication, managed. MU#1: Acne in teens, no treatment, resolved.**

Urinary: **MGM: Kidney stone in 40s, treated with pain relief, resolved by increasing water intake. PGM: Unknown kidney issue in 30s, no treatment, resolved. PU: Kidney cancer in 30s, treated with surgery, resolved.**

Cancer (see above): **MGF: Intestinal cancer**

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

Expanded carrier screening for 268 autosomal recessive conditions was completed by Invitae and reported on 8/10/2021.

The results were **POSITIVE** for Cerebrotendinous xanthomatosis (gene: CYP27A1), Mucopolysaccharidosis Type III Gamma (gene: GNPTG) and he carries a variant in the CFTR gene that could have reproductive implications. It is strongly recommended recipients who use this donor's sperm undergo carrier screening for these specific conditions. The specific mutation in CFTR is predicted to be a variant that has reproductive implications if the recipient is a carrier for certain mutations in the CFTR gene. Defects in the CFTR gene can cause cystic fibrosis (classic and non-classic forms) as well as congenital, bilateral absence of the vasdeference which causes infertility in males. It is recommended recipients undergo carrier screening for CFTR-related conditions that include PolyT and TG tract analysis. It is also recommended to discuss these results with a certified genetic counselor to accurately interpret and review the test results. Testing was negative for the remainder of genes screened.

Disease	Result	Residual risk to be a carrier (based on European ethnicity)
Cerebrotendinous xanthomatosis (gene: CYP27A1)	POSITIVE	n/a
Mucopolidosis type III gamma (gene: GNPTG)	POSITIVE	n/a
CFTR-related conditions	5T; TG13	n/a
Spinal Muscular Atrophy	Negative: 2 copies exon 7 c.*3+80T>G variant not detected	1 in 880
HBB Hemoglobinopathies & Thalassemia	Negative	1 in 37,200
Alpha Thalassemia	Negative	Reduced

Please refer to the donor's Invitae expanded carrier test report for more information on the testing completed and the donor's results.

DONOR NARRATIVE: 5865

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.

Intelligent, industrious, curious, interested, optimistic, inspired, ikigai, introvert, confident, risk-seeking, tolerant, empath, direct, logical, builder, passionate, discerning, autodidact, enthusiastic, arbejdsglæde, generalist, learner, flâneur, naïve, stubborn, resilient, high hedonistic set point, idealistic, judgmental, exacting, armor-piercing shell, judicious, eccentric, voracious, productive procrastinator, rationalist, Bayesian, skeptic.

What are your interests and talents?

I like board games, reading, teaching, biking, skiing, puzzles, and working. Talent shows make me uncomfortable and I'll probably find an excuse not to attend. But I was really good at school. My high school results are above the 99th percentile, I got a full scholarship for university, graduated top of the class with various awards, and have gone on to be quite successful at my career. So I guess I'm talented at working.

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

I'm not particularly goal-oriented. Maybe this is a weakness. But I'm fortunate enough to have had good success just by naively following my interests and passion when inspiration strikes. Since this seems to be working, I'll probably keep doing it. I do have the ambition that my presence and work improves humanity. I like doing scalable things that are aligned in this direction.

I'm raising young children. In 5-10 years, I aim to have completed my own family, retired from having to labor to provide for it, and spend most of my time working toward the greater good: likely education, or sustainable energy/resources. Oh, and in 5-10 years I have the grand ambition that I've had a haircut once again. Stupid coronavirus.

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

Math: I got straight As all the time but I haven't studied anything beyond what was needed for bachelor level engineering & computer science. I enjoyed it enough that I had a personalized license plate on my first car which was the largest representable (on plates) prime number. I also love solving puzzles.

Mechanical: Late in school I discovered I enjoyed physics enough to add an engineering degree onto my existing plan of computer science at university. I'm much better at theory/design/analysis than doing anything with my own hands. I'm not a handyman, but wish I had more time to get better at that, because I'm too much of a perfectionist to tolerate others' work. I maintain my own bike at least.

Athletic: As a kid, I was naturally strong and fast, and I played Aussie Rules football. But I dropped sport when I discovered computers and turned into a nerd. Later on, I got into table tennis and biking. I have a naturally muscular build, but so far have wasted it by never training.

Musical, Artistic, Creative: I don't play any instrument. I have a good sense for design but am not otherwise artistic in any way. I took very few humanities subjects, preferring STEM. I do enjoy being creative though: I love writing code because it lets me (potentially singlehandedly) create a valuable product that can be useful to others.

Language (what languages besides English do you speak?): I describe myself as monolingual. If pressed, I'll admit I know a trivial amount of Chinese (my kids are in immersion preschool), German (I lived there for 6 months), and Japanese (studied it, poorly, in high school).

Writing: I write design and other documents at work, and of course a lot of code, but not much else.

Literature: I read about 15 books a year, and though I aspire to read more, in reality I end up reading a lot of stuff online instead (e.g. blogs, papers, Twitter, etc)

Science: I'm a fan. I'll always read broadly and sometimes deeply into the literature of anything that is relevant to my life. I seek to understand first principles whenever reasonable. Compared to others, I tend to be more curious but also more skeptical.

Please list a few of your favorite:

Movies/Directors: Quentin Tarantino, Mike Judge, Denis Villeneuve, Alex Garland, Neill Blomkamp, Christopher Nolan, James Cameron

Books/Authors: Neal Stephenson, Kim Stanley Robinson, Vernor Vinge, Charles Stross, Richard K. Morgan, Liu Cixin, George R R Martin, Brandon Sanderson, Ramez Naam, Paul Graham, Nassim Nicholas Taleb, Matt Yglesias, Scott Alexander Siskind, Zeynep Tufekci

Albums/Musicians/Performances: LCD Soundsystem, The Prodigy, The Chemical Brothers, Fatboy Slim, The Crystal Method, Justice, Daft Punk, Cut Copy, Kavinsky, Muse, Rage Against The Machine, Tool, Bloc Party, Kasabian, Rise Against, The Hives, The Strokes, Maximo Park, Piebald, Frenzal Rhomb, Bad Religion, Pendulum, Regurgitator, The Living End, Gang of Youths, CHVRCHES, Hilltop Hoods, Public Service Broadcasting

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

My wife recently fought breast cancer and won. But now we need donated eggs to complete our family. So it feels right to help out other families in a similar way to the way we need help.

Also (and please forgive the immodestly) I am fortunate to have excellent genetics (especially intelligence, work ethic, health, and appearance) so the chance to pass on these traits more widely feels like another small way I can help contribute to humanity (i.e. by slightly helping to avert Mike Judge's Idiocracy).

Finally, I'm a fan of the thesis of Ramez Naam's book "The Infinite Resource". Marginal humans are a net good, so let's make more!

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

If I were donor-conceived, I imagine my curiosity and compulsion to understand would drive me to track down my biological parent. I'd need to satisfy my curiosity. I managed to trace my own ancestors back to the 1300s for similar reasons. An arbitrary roadblock seems needlessly callous.

Also, as a matter of practicality, in this age of abundant DNA testing I don't think it's reasonable to expect to remain anonymous anyway.

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

I remember not taking naps as a toddler, I cannot nap as an adult, and my kids dropped naps really early. Sorry.

THANK YOU!



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HEALTH PROBLEMS LIST DONOR 5865

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/OUTCOME
Mother	Anemia	Diagnosis/age of onset: 18, 20 Treatment: iron supplements Outcome: resolved
	Asthma	Diagnosis/age of onset: 48 Treatment: pump, medication Outcome: managed by medication Note: no childhood asthma like siblings
	Emphysema	Diagnosis/age of onset: 55 Treatment: medication Outcome: managed by medication Note: likely smoking related
	COPD	Diagnosis/age of onset: 55 Treatment: medication Outcome: managed by medication Note: likely smoking related
	Stomach ulcer	Diagnosis/age of onset: 33 Treatment: diet change Outcome: resolved
	Colon polyps	Diagnosis/age of onset: 55 Treatment: surgery Outcome: resolved by surgery
	Hypothyroid	Diagnosis/age of onset: 48 Treatment: medication Outcome: managed by medication
	Premature Menopause	Diagnosis/age of onset: 42

Treatment: none
Outcome: resolved

Migraines

Diagnosis/age of onset: teens
Treatment: none
Outcome: resolved

Osteoarthritis

Diagnosis/age of onset: 30s
Treatment: physical therapy, exercise
Outcome: managed

Father

Hypertension

Diagnosis/age of onset: 50s
Treatment: medication
Outcome: managed by medication

High Cholesterol

Diagnosis/age of onset: 44
Treatment: medication
Outcome: managed by medication

Hypothyroid

Diagnosis/age of onset: 50s
Treatment: medication
Outcome: managed by medication

Half-Brother

Intussusception

Diagnosis/age of onset: 0
Treatment: surgery
Outcome: resolved via surgery
Note: I share a mother with my half-brother. His father had intussusception too. So very likely unrelated to me.

Maternal Grandmother

Ministroke

Diagnosis/age of onset: 70s
Treatment: medication
Outcome: resolved by medication

Kidney stone

Diagnosis/age of onset: 40s
Treatment: pain relief
Outcome: resolved by drinking more water

Osteoporosis

Diagnosis/age of onset: 70
Treatment: supplements
Outcome: managed by lifestyle changes

Psoriasis

Diagnosis/age of onset: 30s
Treatment: medication
Outcome: managed by medication

Maternal Grandfather	Allergies	Diagnosis/age of onset: unknown Treatment: none Outcome: managed by lifestyle
	Intestinal cancer	Diagnosis/age of onset: 72 Treatment: unknown Outcome: death Age/Cause of Death: 72, intestinal cancer
Maternal Aunt	Asthma	Diagnosis/age of onset: childhood Treatment: medication Outcome: managed by medication, lifestyle
Maternal Uncle #1	Asthma	Diagnosis/age of onset: childhood Treatment: medication Outcome: managed by medication, lifestyle
	Acne	Diagnosis/age of onset: teens Treatment: none, but probably should have Outcome: resolved Age/Cause of Death: 26, HIV+ AIDS involved pneumonia
Maternal Uncle #2	Asthma	Diagnosis/age of onset: childhood Treatment: medication Outcome: managed by medication, lifestyle
Paternal Grandmother	Unknown kidney issue	Diagnosis/age of onset: 30s Treatment: unknown Outcome: resolved Age/Cause of Death: 90s, vascular dementia
Paternal Grandfather	Heart attack	Diagnosis/age of onset: 67 Treatment: none Outcome: death Age/Cause of Death: 67, heart attack

Paternal Uncle	Kidney cancer	Diagnosis/age of onset: 30s Treatment: surgery Outcome: resolved by surgery
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CONCLUSION

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’s paternal grandmother is reported to have a “kidney problem”, the onset of which was around age 30. His paternal uncle is reported to have kidney cancer that also occurred in his 30s. It’s difficult to determine if there is a relationship between these health reports. There are hereditary forms of kidney cancer, and its possible hereditary cancer explains the history as reported. However, the information disclosed is not sufficient to conclude these reports are due to a hereditary renal cancer. The risk for renal cancer is likely to be at or near the general population risk. As reported to me, it is not evident there is a medical health history that would confer an increased risk beyond what is seen in the general population.

Janine Mash, LCGC

Certified Genetic Counselor