



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 5874

Donor 5874 arrived to our interview wearing casual sports attire and an olive green face mask (Covid-19 precautions). He has kind denim blue eyes behind black framed glasses, neatly cut wavy brown hair, and a bit of stubble peeking out from underneath his mask. He reminded us of Clark Kent and he was a true pleasure to sit down with today.

Donor 5874 grew up in a mountain town in the western US with his parents and younger sister. He and his sister got along well and only fought when playing board games. His family came from humble beginnings and he is proud of the success they built over time. As his dad advanced in his career, their living situation improved but that did mean they moved around a lot. He recalls being an “indoor kid”. Being tall, he was pushed to try different sports but “none of them worked out because [he] grew too fast and wasn't coordinated enough.”

He eventually got into bowling, riding his bike around the neighborhood, playing with SuperSoaker water guns, and reading. Most notably, he developed an early passion for computers. His dad worked in IT so they often had secondhand computers at home that he loved to tinker with, learning how to build and change them, and playing classic arcade games like Pac Man. In school, he gravitated towards mathematics but also enjoyed English and Spanish classes. Due to his love for computers, he used to type up his assignments even though it wasn't required at the time just for fun!

In college, he chose to study mechanical engineering and computer science. He intended to double major, but ultimately chose to focus on just computer science because he enjoyed it more. Following undergrad, he moved to Northern Europe to pursue an advanced degree in Human Computer Interaction, the study of how people interact with computers and how that interaction drives computer design. He was interested in why software interfaces were designed the way they were. For example, why do we use “windows” to access information?

Following grad school, he moved back to the West Coast and currently works at a tech start-up. In his spare time, he loves hiking and backpacking, board games, and doing deep dives on a myriad of topics he finds interesting, such as economics, psychology, and design. He drifts in and out of enjoying cooking but when he does cook, he finds himself working to perfect one recipe at a time. He recently spent hours researching and perfecting a fried rice dish.

When asked what he is most proud of, Donor 5874 recalls a podcast he listened to that resonated with him – “I don't have to be perfect, I just have to be better.” He reflects that he doesn't come from generational wealth and that there are, “a lot of mistakes buried,” in past generations but that his parents, “took a tough situation and made it better.” He is appreciative of their work to “build a solid foundation” that he can build upon. He is “prioritizing quality relationships and good communication with [his] partner” and is “proud of the progress that [he's] making.” He's not sure exactly what the future holds, but he imagines he'll have kids someday and continue to work on strengthening his relationships with his parents and partner. It is important to him to have a job that allows him to continue learning and growing, whether that includes running his own company or working on something interesting at another tech firm. Donor 5874 has an excellent sense of humor and he is both relaxed and confident about how his life will unfold. Donor 5874 is an interesting, self-aware, and thoughtful man. We are thrilled to have him in our program!

Interviewed by Emily T. and Kenya C. on 5/5/21



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DONOR PROFILE: 5874

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor **5874** is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in June 2021

PERSONAL INFORMATION

- Identity-Release[®] Program: **Yes**
- Month/year of birth: **July 1987**
- Education: **MA Human Computer Interaction**
- Current occupation: **Founding Engineer at tech startup**
- Ethnic origin: **English (>50%), German, Irish**
- Religion born into: **Pentecostal**
- Religion practicing: **Atheist**

PHYSICAL CHARACTERISTICS

- Height: **6' 3.5"**
- Weight: **194.5 lbs**
- Hair color: **medium brown**
- Hair type: **curly, thick**
- Eye color: **blue**
- Complexion: **fair/rosy**
- Body type: **mesomorphic (muscular)**
- Blood group/Rh: **O+**
- Baby photo available: **yes**
- Other distinguishing features: **"chunky" nose, long legs, big feet**

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: **S#1: Neosporin at 19, treated with avoidance. MGM: Penicillin in 20's, treated with avoidance.**

Blood: **D: Gilbert's Syndrome at birth, diagnosed at 27, none required, monitored with blood tests.**

Gastrointestinal: **MGM: Gallbladder disease at 44, treated with removal, resolved.**

Heart: **M: occasional low blood pressure/fainting with stress at 16, no treatment, managed. PGM: High cholesterol at 34, treated with dietary changes, managed. PA: High blood pressure at 42, treated with dietary changes, managed. PCo#1: High blood pressure at 31, treated with diet and exercise, managed. PCo#2: Heart murmur at birth, no treatment, managed.**

Mental Health: **S#2: Depression at 28, treated with therapy, managed. PU#4: Attention deficit hyperactivity disorder (ADHD) at 13, treatment and outcome unknown. PCo#2: Attention deficit hyperactivity disorder (ADHD) at 10, treated with dextroamphetamine, symptoms faded in late 20's.**

Muscles/Bones/Joints: **S#1: Scoliosis at 17, treated with orthotic, managed. MGM: Mild scoliosis in childhood, no treatment, managed.**

Neurological: **M: Migraines at 23, treated with painkillers and antihistamines, resolved after 35. S#3: Migraines at 25, treated with painkillers, antihistamines, managed.**

Respiratory (Lungs): **PGF: Emphysema at 70, treated with oxygen, managed. PGF: Lung cancer at 83, no treatment, cause of death at 84. PU#1: Recurrent pneumonia at 56, treated with multiple hospitalizations, cause of death at 63.**

Sight/Sound/Smell: **D: R: 20/70, L: 20/100**

Skin: **D: Acne at 15, treated with topical cream and medication, resolve at age 16. D: Eczema at 31, colloidal oatmeal cream, managed. M: Eczema at 15, colloidal oatmeal cream, managed. F: Basal cell carcinoma at 46 and 49, treated with surgery, resolved. Eczema at 40, colloidal oatmeal cream, managed. S#1: Eczema at 13, treated with colloidal oatmeal cream, managed. Acne at 15, treated with topical ointments, resolved in 20's.**

Substance use disorders: **MGM: Alcohol use disorder onset unknown treated with rehab in late 40's, resolved. PU#2: Opioid use disorder at unknown age, treatment unknown, death at 62 from opioid overdose.**

Cancer (see above): **F: basal cell carcinoma**

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

Genetic screening tests can significantly reduce, but never completely eliminate, the chance that a person is a carrier for a particular disorder.

Expanded carrier screening for 268 autosomal recessive conditions was completed by Invitae and reported on August 16th, 2021.

The results were NEGATIVE for all conditions tested.

Disease	Result	Residual risk to be a carrier (based on European & Native American descent)
Cystic Fibrosis	Negative	1 in 2,700
Spinal Muscular Atrophy	Negative - 2 copies exon 7 Negative for c.*3+80T>G variant in exon 7	1 in 800
HBB Hemoglobinopathies & Thalassemia	No abnormal hemoglobin detected (including sickle hemoglobin); No evidence of thalassemia	1 in 4,800
Alpha Thalassemia	Negative	1 in 241

DONOR NARRATIVE: 5874

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 am an introvert. Large social gatherings tend to drain my energy. However, with the right person (or the right small group), I can have a lot to say! I gravitate toward people who are intelligent, reflective, and have intentional lifestyles that don't necessarily fit into norms.

I'm a very curious person. I read a lot of books and blogs and listen to podcasts about a wide variety of topics,

I like dry humor and, with the right people, being downright silly. My friends generally describe me as kind, composed, focused, and occasionally extremely passionate.

What are your interests and talents?

I love to read and listen to podcasts about a wide variety of topics, including technology, finance, psychology, business, and science fiction.

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

At a meta level, my goal is to live well below my means so that I can always take on new adventures. I dislike lifestyle creep and being distracted by chasing bigger, shinier material things.

Specifically, over the next 10 years, my goals are:

- To complete several long (more than 1 month) backpacking trips
- To start at least one company
- To no longer need an income

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

Math: I was always good at math. I minored in it in college, and it was an important aspect of my mechanical engineering and computer science curriculum.

Mechanical: I've always liked to repair things and have tools that allow me to take on projects around the house. At least now that I live in a bigger city, I'm typically the friend who has tools and knows how to fix something, or at least can figure it out. I've helped friends take apart the inside of cars, worked construction, and designed commercial kitchens. I maintain and make improvements to my bike.

Athletic: I like to run and I do long backpacking trips in the mountains. I also do high intensity interval training.

Musical, Artistic, Creative: I played guitar in my late teens and early twenties; I'll likely pick it up again later in life. I design user interfaces for software and have a good design sense for how to communicate complex information.

Language (what languages besides English do you speak?): I speak conversational Spanish

Writing: I write 2-4 journal entries per month. I have aspirations to blog regularly, but haven't made it a habit.

Literature: I mention some of my favorite books below. I don't read a lot of older literature.

Science: I was always good at science in school (chemistry and physics in particular). Later in life, most of my focus is on computer science, research methodology, and economics.

Please list a few of your favorite:

Movies/TV: Watchmen, Arrested Development, Dark. (Disclaimer: I don't watch a lot of TV or movies.)

Books/Authors: Thinking Fast and Slow, Maybe You Should Talk To Someone, Good Strategy Bad Strategy, Mistborn Trilogy, Stormlight Archives, A Song of Ice and Fire, Why Nations Fail, The Narrow Corridor, The Food Lab, Zen and the Art of Motorcycle Maintenance

Albums/Musicians/Performances: Patrick Hamilton, Linkin Park (Hybrid Theory album in particular), Massive Attack, Garth Brooks, Dream Theatre, Epica

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

I am fortunate enough to have good genes, and I am not sure if I will end up having children of my own. It felt like a way for me to give back to the world and provide other families with the option to have a child.

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

I really like the idea of giving a donor-conceived adult the ability to learn who their biological father is. So much of our identity is knowing where we come from, and biology is certainly a part of that.

Also, in general, I prefer transparency and honesty to secrets :).

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

Learn more about family and friends. Ask them questions you haven't asked them before. Don't accept mediocrity. Figure out your risk tolerance and live accordingly. Keep an open mind and be curious. Above all else, don't try to be perfect. Just be better. Better is enough.

THANK YOU!



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HEALTH PROBLEMS LIST DONOR 5874

FAMILY MEMBER	HEALTH PROBLEM	TREATMENT/OUTCOME
Donor	Gilbert's Syndrome	Diagnosis/age of onset: Diagnosed age 27. Had since birth. Treatment: None required Outcome: Ongoing. Results in elevated bilirubin readings during blood tests.
	Severe Acne	Diagnosis/age of onset: 15 Treatment: Topical Cream, Accutane Outcome: Resolved at age 16
	Eczema	Diagnosis/age of onset: 31 Treatment: Colloidal oatmeal cream Outcome: Managed as flare-ups occur
	Cat Allergy	Diagnosis/age of onset: 10 Treatment: Avoidance, Loratadine, Cleaning Outcome: Managed with above
Mother	Occasional low blood pressure/ fainting w/ stress	Diagnosis/age of onset: 16 Treatment: None Outcome: Infrequent (every 1-3yrs)
	Migraines	Diagnosis/age of onset: 23 Treatment: Painkillers, Antihistamines Outcome: Resolved after age 35
	Eczema	Diagnosis/age of onset: 15 Treatment: Colloidal oatmeal cream Outcome: Managed as flare-ups occur
Father	Basal cell carcinoma	Diagnosis/age of onset: 46 and 49 Treatment: Surgery Outcome: Resolved

	Eczema	<p>Diagnosis/age of onset: 40</p> <p>Treatment: Colloidal oatmeal cream</p> <p>Outcome: Managed as flare-ups occur</p>
Sister #1 (Full)	Scoliosis	<p>Diagnosis/age of onset: 17</p> <p>Treatment: Orthotic for shorter leg.</p> <p>Outcome: Ongoing</p>
	Eczema	<p>Diagnosis/age of onset: 13</p> <p>Treatment: Colloidal oatmeal cream</p> <p>Outcome: Managed as flare-ups occur.</p>
	Neosporin Allergy	<p>Diagnosis/age of onset: 19</p> <p>Treatment: N/A</p> <p>Outcome: N/A</p>
	Acne	<p>Diagnosis/age of onset: 15</p> <p>Treatment: Topical treatments</p> <p>Outcome: Resolved in mid-20's</p>
Sister #2 (Half-sibling, Maternal)	Depression	<p>Diagnosis/age of onset: 28</p> <p>Treatment: Mirtazapine (discontinued due to side effects), Therapy</p> <p>Outcome: Continues to struggle with depression off and on</p>
Sister #3 (Half-sibling, Maternal)	Migraines	<p>Diagnosis/age of onset: 25</p> <p>Treatment: Painkillers, antihistamines</p> <p>Outcome: Ongoing</p>
Brother (Half sibling, maternal)	Unknown; No way to contact him.	

Maternal Grandmother	Alcohol Use Disorder	Diagnosis/age of onset: Unknown Treatment: Rehab Program in late 40s Outcome: Resolved with treatment.
	Gallbladder Disease	Diagnosis/age of onset: 44 Treatment: Gallbladder removal Outcome: Resolved
	Penicillin Allergy	Diagnosis/age of onset: 20s Treatment: N/A Outcome: N/A
	Mild Scoliosis	Diagnosis/age of onset: Childhood Treatment: None Outcome: Age/Cause of Death: 81/Organ failure
Maternal Grandfather	Unknown; No contact	
Maternal Aunt (Mother's half-sister)	None	
Paternal Grandmother	High cholesterol	Diagnosis/age of onset: 34 Treatment: Diet Outcome: Successfully managed
Paternal Grandfather	Emphysema	Diagnosis/age of onset: 70 Treatment: Oxygen treatment Outcome: Managed
	Lung Cancer	Diagnosis/age of onset: 83 Treatment: None (refused) Outcome: Death at Age 84 Age/Cause of Death: 84/Respiratory Failure (lung cancer)
Paternal Aunt	High Blood Pressure	Diagnosis/age of onset: 42 Treatment: Occasional dieting Outcome: Ongoing

Paternal Uncle #1	Unknown; no contact	
Paternal Uncle #2	Alcohol Use Disorder	Diagnosis/age of onset: Teens Treatment: Unknown Outcome: Unknown
	Recurrent Pneumonia	Diagnosis/age of onset: 56 Treatment: Multiple hospitalizations Outcome: Death Age/Cause of Death: 63/Pneumonia
Paternal Uncle #3	Opioid use resulting in overdose (limited info due to estrangement)	Diagnosis/age of onset: Unknown Treatment: Unknown Outcome: Death at Age 62
Paternal Uncle #4	ADHD	Diagnosis/age of onset: 13 Treatment: Unknown Outcome: Unknown
Paternal Cousin #1	High blood pressure	Diagnosis/age of onset: 31 Treatment: Diet and exercise Outcome: Improved w/ weight loss then recurred w/ subsequent weight gain
Paternal Cousin #2	Heart murmur	Diagnosis/age of onset: Birth Treatment: None Outcome: Ongoing
	ADHD	Diagnosis/age of onset: 10 Treatment: Dextroamphetamine Outcome: Symptoms faded in late 20's

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).

Gilbert syndrome is a benign autosomal recessive condition. It results in elevated levels of bilirubin. This condition is considered harmless and requires no treatment. As an autosomal recessive condition, all offspring would be predicted to be carriers of Gilbert syndrome. Carriers are not affected unless they inherit a second non-working gene from the other reproductive partner. As this condition is considered benign, carrier screening for a reproductive partner is not necessary. Therefore, Gilbert syndrome is typically not included on the standard expanded carrier screening panels.

Donor 5874 and several first-degree relatives are affected with eczema and/or allergies. Eczema is a prevalent condition and is often associated with allergies. While a multifactorial disorder, eczema has a strong genetic component inherited in an autosomal dominant pattern with variable expressivity. For offspring of individuals affected with eczema, the chance to develop eczema or another type of allergy may be as high as 50%.

Donor 5874 has a sister and maternal grandmother with scoliosis. He reports their condition did not require surgery and is characterized as mild. Scoliosis does run in families due to genetic predisposition. It tends to manifest more frequently in females versus males. Offspring of DIS 5874 are second degree relatives to the donor's sister. The recurrence risk for second degree relatives is estimated to be around 2.4% which is similar to the general population risk of ~3% worldwide.

Please also see this donor's Expanded Carrier Screening documents for results of screening for 268 autosomal recessive conditions.

Sincerely,

Janine Mash

LCGC Certified Genetic Counselor

San Francisco Genetic Counseling