



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 5926

Donor 5926 came to our interview wearing blue jeans with a maroon long sleeved t-shirt and dark colored tennis shoes. His light brown hair is cut short on the sides and slightly tousled in the front. Thick, straight eyebrows frame his bright, brown eyes and his natural tan is the first sign that Donor 5926 enjoys spending much of his free time out in nature. He has a straight proportional nose, a heart shaped face and thin lips framed by low-cut facial hair. He reminds us of Stephen Dorff with slightly fuller eyebrows.

Donor 5926 is the middle child of three siblings and had an adventurous and outdoorsy childhood. His mom and dad are physicians, and the family has lived in several parts of the US in addition to a few years on an island in the Caribbean! They eventually put down roots in Northern California and he remains close with them. He says that moving often and “starting over together” created a unique familial bond. Friends of Donor 5926 remark that they have never met anyone as close to their family as he is.

As a child, Donor 5926, “never spent much time indoors.” His parents didn’t allow much TV or videogames, and he was encouraged to spend time in nature. He spent his days playing at the beach, biking, hiking, and sailing. He continues to pursue outdoor activities, and even spent eight days sailing between several islands this past winter!

His favorite subjects growing up were science and, eventually, social studies. As he progressed into high school and college, he developed a passion for environmental science as well. While he says he was not particularly interested in academics as a high school student, he became more motivated as a college student where he had more control over his studies and met professors who inspired him. He spent a few years at community college honing his interests before transferring to a four-year university where he earned a bachelor’s degree in environmental science. Outside of the classroom, Donor 5926 was very involved in campus life, joining social and environmental justice groups and even founding a coalition for transfer students.

Growing up with parents who are physicians, he says he has always been asked whether he plans to go into medicine. He is continuing to explore his career options and is not sure yet whether he wants to focus on research or pursue a more patient-facing role. Right now, he is really enjoying working in medical research.

Outside of work, he loves backpacking, hiking, trying new restaurants, and weekend trips with his girlfriend. To blow off steam, he enjoys exercising, hanging out with his cat, and taking his time making nice meals. He has been a vegetarian his whole life and likes making fajitas, stir fry, and veggie burgers. When asked what he would do with \$1000 and a day off he joked that he would hire movers, as right now he and his girlfriend are in the process of relocating. At another time, he’d take a road trip to a National Park and go out for a nice dinner.

He describes himself as, “introverted until I get to know people, then pretty chatty,” and says that people who know him well would say he is, “easy going and flexible.” The qualities that he is most proud of are his empathy and his willingness to make sacrifices to help other people. He values quality time with loved ones, which is something that was very important to his family growing up.

We enjoyed meeting Donor 5926 and are excited to have this kind, intelligent, and humble donor in our program!

Interviewed by Emily T. and Madeline M. on 07/25/2022



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DONOR PROFILE: 5926

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 5926 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in August 2022

PERSONAL INFORMATION

- Identity-Release® Program: **Yes**
- Month/year of birth: **September 1996**
- Education: **B.S. Environmental Sciences**
- Current occupation: **Staff Research Associate II**
- Ethnic origin: **Ashkenazi Jewish, English, French, German, Scottish**
- Religion born into: **Protestant**
- Religion practicing: **None**

PHYSICAL CHARACTERISTICS

- Height: **5' 11"**
- Weight: **167 lbs**
- Hair color: **Medium brown**
- Hair type: **Wavy**
- Eye color: **Medium brown**
- Complexion: **fair/creamy, tans easily**
- Body type: **Ectomorphic**
- Blood group/Rh: **O+**
- Baby photo available: **Yes**
- Other distinguishing features: **Full eyebrows**

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 14, treated with OTC medications, ongoing.**

Breast Cancer: **MGM: Breast cancer at 64, treated with a mastectomy, resolved. MA: Breast cancer at 40, treated with a double mastectomy, resolved. PGM: Breast cancer at 70, treated with radiation, resolved.**

Gastrointestinal: **MGF: Hepatitis C at 55, no treatment, no symptoms.**

Genital/Reproductive: **M: Uterine fibroid at 36, no treatment as no symptoms. PGF: Prostate cancer at 65, no treatment, no symptoms.**

Heart: **MGM: Heart attack at 80, cause of death. High blood pressure at 70, treated with medication, managed until death. High cholesterol at 70, treated with medication, managed until death. MGF: High cholesterol at**

70, treated with medication, ongoing until death. Stroke at 74, treated with physical and occupational therapy, contributed to cause of death from stroke/dementia-related aspiration pneumonia. PGM: Coronary artery disease at 74, treated with a stent, resolved. High cholesterol at 70, treated with medication, ongoing until death.

Intellectual Disability: PCo#1: Intellectual impairment at 9, treated with special education/therapeutic school, ongoing. Learning disability at 5, treated with special education/therapeutic school, ongoing.

Mental Health: D: Anxiety (Situational) at 25, treated with medication, resolved after two months. B: Bulimia at 14, treated with hospitalization and psychotherapy, resolved at 16. PCo#1: ADD at 11, treated with medication and therapeutic school, ongoing.

Metabolic/Endocrine: MGM: Thyroid disease at 32, treated with ablation and replacement, resolved

Muscles/Bones/Joints: F: Sciatica at 40, no treatment, ongoing with intermittent flareups. Osteoarthritis at 45, treated with pain management, ongoing. PGM: Osteoarthritis at 40, treated with OTC pain management, ongoing until death.

Neurological: MGM: Brain aneurysm at 76, no treatment, no symptoms. MGF: Multi-Infarct Dementia at 70, treated with hypertension control, contributed to death at 74. PGF: Alzheimer's disease at 90, no treatment, ongoing. Dyslexia at 16, no treatment, managed. Sjogren's syndrome at 41, no treatment, ongoing.

Respiratory (Lungs): PGF: Lung cancer at 90, treated with immunotherapy, ongoing.

Sight/Sound/Smell: D: R: 20/20, L: 20/20. MGM: Macular degeneration at 76, treated with eyedrops, managed until death

Substance use disorders: PCo#1: Substance use disorder, unspecified at 14, treated with special education/therapeutic school, resolved at 16.

Cancer (see above): MGM: Breast cancer. MA: Breast cancer. PGM: Breast cancer. PGF: Lung cancer. Prostate cancer.

Other: F: Appendicitis at 54, treated with an appendectomy, resolved. MGM: Appendicitis at 65, treated with an appendectomy, resolved. PGM: Fall resulting in hematoma and sepsis at 88, treated with hospitalization, cause of death at 88. PCo#2: Parvovirus at 16 months, no treatment, cause of death at 16 months.

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

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 08/16/2022.

The results were **POSITIVE** for **CLRN1-related conditions, primary carnitine deficiency, and he carries a variant in the CFTR gene that could have reproductive implications.** Donor 5926 is a carrier for these conditions.

It is strongly recommended that 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 congenial, bilateral absence of the vas deferens 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 Northern European and Ashkenazi Jewish descent)
CLRN1-related conditions	POSITIVE	n/a
Primary carnitine deficiency	POSITIVE	n/a
CFTR-related conditions	5T; 12TG variant	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 37200
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: 5926

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 have always been a curious person; I’ve been told that as a child I was always exploring, and I have carried that trait into my adult life through my interest in scientific explorations. I am also somewhat introverted, but once I

am comfortable with people I fully open up. I enjoy setting goals and maintaining a rigid schedule in my life to complete them, but I also will occasionally break my schedule to travel for a week or two. I would also describe myself as a relaxed and easygoing person!

What are your interests and talents?

I have a broad array of interests! I chose my major in college because it allowed me to pursue both social sciences and STEM courses, and I have always had trouble deciding which field to pursue. In college I realized that I truly have a love for the sciences, and that has translated into my interest in medicine and clinical research. I also am a very outdoorsy person, I love to mountain bike, hike, swim, and camp. Some of my talents are sailing, pottery, and cooking.

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

I have always had trouble choosing a career path. Growing up with two physicians as parents, I was asked countless times as a child if I was going to go into medicine – which I always rejected, until I reached my adult life and now it feels like fate that I have taken such a strong interest in clinical research. I am currently taking a few years off after graduating college to see where my interests lie, but in 5 or 10 years I hope to be in medical school pursuing infectious disease pathology. Climate change has always been one of my biggest areas of interest, and my main goal in life is to try and help combat it through the perspective of public health, and I hope to make a positive and tangible impact in that field through a career in medicine.

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

Math: My math skills are relatively strong, I took several math courses in college including a year of calculus and a few probability courses, and I received A's in all of them.

Mechanical: I am somewhat mechanically inclined; I don't have much experience in this area, but I can perform basic car and household maintenance without any issues.

Athletic: My athletic skills are mixed. I have always been a strong swimmer and runner, but my balance is not great – so sports that require balance have been difficult. I also enjoy endurance hiking and running!

Musical, Artistic, Creative: I played piano and drums for several years, but those skills have faded as I grew up and got busier. I also never thought of myself as an artistic person until I discovered pottery, which I am relatively good at – so I am still discovering my artistic abilities.

Language (what languages besides English do you speak?): I speak some Spanish, which I learned through high school and college courses, as well as working in a restaurant and travelling in Central America.

Writing: I am a fairly strong writer, I have gotten As in all of the college writing courses I have taken, including some advanced composition courses. I also currently am listed as an author on one publication, and an acknowledgement on another.

Literature: I enjoy reading and I am a reasonably strong reader, but after college I have taken a break from reading as it became more of a chore than a hobby with the quantity that I read while I was in school.

Science: Science courses have always been my favorite, and I currently work in a very science-focused job. I have a passion for research, and I have participated in several research groups – during and after college. I have taken a variety of science courses including general and organic chemistry, several years of biology, physics, and more and I have enjoyed and done well in all of them.

Please list a few of your favorite:

Movies: Dark Waters, The Big Short, Moneyball, and any Marvel movies.

Books/Authors: American Overdose, Timothy Mitchell, Ta-Nehisi Coates, and Michelle Alexander

Albums/Musicians/Performances: Kendrick Lamar, Jimmy Buffett, Zach Bryan, Arctic Monkeys, Tom Petty, Billy Joel, Elton John, and many more!

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

I am not particularly interested in having children of my own, so I thought I could help other people that do want children with the opportunity to have them. I also was impressed with the mission of TSBC and wanted to be a part of their program.

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

I would like donor conceived adults to be able to reach out to me if they have any questions or just want to meet me. I also do not see any issue with being a part of this program and being open to meeting donor conceived adults in the future if that is something that they want. Lastly, if donor conceived adults are curious about me but do not want to meet or talk to me, by providing my identity they might be able to figure out what I am doing in the future by looking me up on their own.

Is there anything else you would like to share with participating families and future donor conceived children?

I know that having a child is a huge consideration, and there are many reasons why people might seek out a donor. I also would like to think that I have good genetics and even though I do not want children of my own I could still make an impact in someone's life who does. I hope to do that through this program, and I am happy to answer any questions or provide more information if I can be helpful in any way!

THANK YOU!



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HEALTH PROBLEMS LIST DONOR 5926

DONOR

Problem/Diagnosis: Seasonal Allergies

Age of Onset: 14

Treatment: Various over the counter medications – Allegra, Claritin, Zyrtec, Fluticasone, and Triamcinolone.

Outcome: Symptoms somewhat improved with treatment, allergies are moderate and ongoing.

Problem/Diagnosis: Anxiety (Situational)

Age of Onset: 25, triggered by school-related stress

Treatment: Paxil for 1-2mos

Outcome: Resolved within 2mos with no further issues

MOTHER

Problem/Diagnosis: Uterine Fibroid

Age of Onset: 36

Treatment: None

Outcome: Small Fibroid detected during pregnancy, it did not cause any symptoms and was not treated.

FATHER

Problem/Diagnosis: Sciatica

Age of Onset: 40

Treatment: None

Outcome: Ongoing/intermittent flare-ups

Problem/Diagnosis: Appendicitis

Age of Onset: 54

Treatment: Appendectomy

Outcome: Resolved

Problem/Diagnosis: Osteoarthritis

Age of Onset: 45

Treatment: Pain control
Outcome: Ongoing, under control.

BROTHER

Problem/Diagnosis: Bulimia

Age of Onset: 14
Treatment: Psychotherapy, Hospitalization
Outcome: Resolved at 16

MATERNAL GRANDMOTHER

Problem/Diagnosis: Heart Attack

Age of Onset: 80
Treatment: None
Outcome: Death

Problem/Diagnosis: High Blood Pressure

Age of Onset: 70
Treatment: Atenolol
Outcome: Ongoing until death

Problem/Diagnosis: High Cholesterol

Age of Onset: 70
Treatment: Atenolol
Outcome: Ongoing until death

Problem/Diagnosis: Appendicitis

Age of Onset: 65
Treatment: Appendectomy
Outcome: Resolved

Problem/Diagnosis: Thyroid Disease

Age of Onset: 32
Treatment: Ablation and replacement
Outcome: Resolved

Problem/Diagnosis: Breast Cancer

Age of Onset: 64
Treatment: Mastectomy
Outcome: Resolved

Problem/Diagnosis: Brain Aneurysm

Age of Onset: 76

Treatment: None

Outcome: None, no symptoms

Problem/Diagnosis: Macular Degeneration

Age of Onset: 76

Treatment: Eye drops

Outcome: Ongoing until death

MATERNAL GRANDFATHER

Problem/Diagnosis: High Cholesterol

Age of Onset: 70

Treatment: Lisinopril

Outcome: Ongoing until death

Problem/Diagnosis: Hepatitis C

Age of Onset: 55

Treatment: None

Outcome: None, no symptoms

Problem/Diagnosis: Multi-Infarct Dementia

Age of Onset: 70

Treatment: Hypertension control

Outcome: Death at 74 from stroke/dementia-related aspiration pneumonia

Problem/Diagnosis: Stroke

Age of Onset: 74

Treatment: Physical and occupational therapy

Outcome: Death at 74 from stroke/dementia-related aspiration pneumonia

MATERNAL AUNT

Problem/Diagnosis: Breast Cancer

Age of Onset: 40

Treatment: Double mastectomy

Outcome: Resolved

PATERNAL GRANDMOTHER

Problem/Diagnosis: Coronary Artery Disease

Age of Onset: 74

Treatment: Stent placed

Outcome: Resolved

Problem/Diagnosis: High Cholesterol

Age of Onset: 70

Treatment: Atenolol and hydrochlorothiazide

Outcome: Ongoing until death

Problem/Diagnosis: Breast Cancer

Age of Onset: 70

Treatment: Radiation

Outcome: Resolved

Problem/Diagnosis: Osteoarthritis

Age of Onset: 40

Treatment: Pain control

Outcome: Ongoing until death

Problem/Diagnosis: Fall resulting in Hematoma and Sepsis

Age of Onset: 88

Treatment: Hospitalization

Outcome: Death at 88

PATERNAL GRANDFATHER

Problem/Diagnosis: Lung Cancer

Age of Onset: 90

Treatment: Immunotherapy

Outcome: Ongoing

Problem/Diagnosis: Prostate Cancer

Age of Onset: 65

Treatment: None

Outcome: None, no symptoms

Problem/Diagnosis: Alzheimer's Disease

Age of Onset: 90

Treatment: None

Outcome: Ongoing

PATERNAL AUNT

Problem/Diagnosis: Dyslexia

Age of Onset: 16

Treatment: None

Outcome: Ongoing

Problem/Diagnosis: Sjogren's Syndrome

Age of Onset: 41

Treatment: None

Outcome: Ongoing

PATERNAL COUSIN #1

Problem/Diagnosis: ADD

Age of Onset: 11

Treatment: Adderall, Special education/therapeutic school

Outcome: Ongoing

Problem/Diagnosis: Intellectual Impairment

Age of Onset: 9

Treatment: Special education/therapeutic school

Outcome: Ongoing

Problem/Diagnosis: Learning Disability

Age of Onset: 5

Treatment: Special education/therapeutic school

Outcome: Ongoing

Problem/Diagnosis: Substance Use Disorder, Unspecified

Age of Onset: 14

Treatment: Special education/therapeutic school

Outcome: Resolved at 16

PATERNAL COUSIN #2

Problem/Diagnosis: Parvovirus

Age of Onset: 16 Months

Treatment: None

Outcome: Death at 16mos

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 mother's sister and her maternal cousin were affected with early onset breast cancer and found to carry a mutation in the BRCA2 gene. The mutation is known to increase the risk for breast and ovarian cancer. The donor's mother was tested for the familial mutation and was negative. The genetic testing reports for both a BRCA2 positive family member (the mother's cousin) and the negative BRCA2 from his mother's test were provided. TSBC's medical experts as well as a genetic counselor not affiliated with TSBC reviewed the results. The donor's mother is a "true negative," meaning neither she nor her descendants are at increased risk for breast or other BRCA2 associated cancers. Therefore, the chance to the donor's offspring for breast and ovarian cancer is equal to the general population risk.

The donor has reported that his paternal aunt and her son have varying forms of learning impairments. While there may be hereditary genetic factors that predispose these individuals to have learning impairments, they are third-degree and fourth-degree relatives to the donor's offspring. Therefore, the risk for learning impairments is at or near the general population risk.

Sincerely,

Janine Mash, LCGC
Certified Genetic Counselor
San Francisco Genetic Counseling