



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 5929

Donor 5929 arrived to his interview wearing a black hoodie, a black baseball cap worn backwards and had his nails painted black and white with smiley faces. We think the nails were an homage to Halloween which was a few days ago. His brown hair is dyed blonde, short on the sides and longer on the top showing a hint of a curl. He has full eyebrows that along with his long full lashes frame his hazel eyes beautifully. Donor 5929 stated he usually says his eyes are green because it “sounds cooler”. His self-deprecating humor was displayed throughout our interview. He physically resembles Italian actor Flavio Parenti with lighter coloring. Donor 5929 is thoughtful and a staff favorite. He remembers all our staff members’ names and even brought staff members sports memorabilia from their favorite team!

Donor 5929 grew up on the East Coast with his fraternal twin brother, older brother and parents. His parents encouraged team games, placing a basketball hoop in the yard and enrolling them in local team sports such as Little League and basketball. In grade school he liked music and learning how to play the recorder but donor 5929 has a curious, creative nature and found traditional classroom settings somewhat restrictive. He excelled in PE as he enjoyed being active and still does to this very day. He and his brothers played the Mario videogames and other nonviolent games. His favorite game was Crash Bandicoot and he recently got a tattoo to remind him of the game.

In middle school he continued to play basketball and football. He also enjoyed history and Greek mythology and he has a tattoo of Medusa to commemorate his interest. Also, in middle school his family moved from the East Coast to the West Coast. He is really grateful for the cultural shift he experienced in the move. Being reserved and somewhat introverted made making friends challenging but he found it to be easier out West.

In high school he played basketball, was on the swim team and was voted “Best Glow Up” after cutting off his “Bieber”. He was determined to be more outgoing in high school culminating when he and his girlfriend were nominated to be Homecoming King and Queen, they did not win but were part of the Homecoming court.

He describes himself as high energy, talkative, outgoing, easygoing and an extroverted introvert. His friends would describe him as drama free and fun. He is still a very active person, enjoying anything outdoors such as rock climbing and water sports. He is still close to his brothers and his dad, and sees them regularly. Recently, he attended the college graduation of his twin brother as supporting his brother and family are important to him. As a result of his dad’s musical influence, he enjoys rock music from the 2000s.

During the pandemic, he developed an interest in cooking as most restaurants were closed. He learned a lot from TikTok videos and discovered a love of Italian food. He likes taking cooking classes and one of the first meals he learned how to cook was roasted cherry tomatoes, feta cheese, and pasta, simple fresh ingredients. He is excited to have recently been accepted into an international cooking school and wants to start experimenting with pastry cooking. He is looking forward to traveling around Europe, meeting new people and having enlightening new experiences.

When asked what he would do with a \$1000 dollars and one day to spend it he answered he would probably get another tattoo to add to his collection. Donor 5929 is thoughtful and friendly, has a great sense of humor and we are excited to have him in our program. *Interviewed by Iris R and Kenya C. on 11/3/21*



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

DONOR PROFILE: 5929

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 5929 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in March 2022

PERSONAL INFORMATION

- Identity-Release® Program: **Yes**
- Month/year of birth: **January 1999**
- Education: **College coursework in General Education**
- Current occupation: **Retail**
- Ethnic origin: **Dutch, French, Italian, Polish**
- Religion born into: **Catholic**
- Religion practicing: **Spirituality in general**

PHYSICAL CHARACTERISTICS

- Height: **6' ½"**
- Weight: **153 lbs**
- Hair color: **medium brown**
- Hair type: **straight**
- Eye color: **hazel**
- Complexion: **fair/rosy**
- Body type: **ectomorphic (slim)**
- Blood group/Rh: **B+**
- Baby photo available: **Yes**
- Other distinguishing features: **long eyelashes**

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: Bee venom allergy, treated with avoidance or epipen, managed.**

Breast Cancer: **P Half Aunt: Breast cancer at 45, treated with chemotherapy, cause of death at 49.**

Gastrointestinal: **M: Diverticulitis at 40, treated with surgery, resolved. Ulcerative colitis at 45, treated with surgery at 47, resolved. MGF: Pancreatic cancer at 57, treated with chemotherapy, cause of death.**

Genital/Reproductive: **MA#1: Cervical cancer at 42, treated with chemotherapy and surgery, in remission.**

Heart: **F: High cholesterol at 50, treated with lifestyle changes, managed. Hypertension at 50, treated with lifestyle changes, managed. PGM: Heart attack at 70, no treatment, cause of death. PGF: Heart attack at 54, no treatment, cause of death.**

Mental Health: **B#1: Depression at 23, treated with medication, managed.**

Metabolic/Endocrine: **F: Type II diabetes at 36, treated with insulin, managed. MGM: Type II diabetes at 40, treated with insulin, managed until death at 80. PGM: Type II diabetes at 38, treated with insulin, managed until death at 70.**

Sight/Sound/Smell: **D: R: 20/15, L: 20/15. M: Glaucoma at 8, treated with eye surgery, managed.**

Skin: **B#1: Melanoma in situ at 29, treated with surgical removal, resolved.**

Substance use disorders: **MCo#1: Opiate use disorder at 21, treated with Narcotics Anonymous, managed.**

Cancer (see above): **B#1: Melanoma in situ. MGF: Pancreatic cancer**

DONOR LAB RESULTS

Chlamydia: **Not Detected**

HIV 1 & 2: **Non-Reactive**

Hepatitis B: **Non-Reactive**

Urinalysis: **Normal**

Gonorrhea: **Not Detected**

CMV total antibody: **Negative**

Hepatitis C: **Non-Reactive**

Chem panel: **Normal**

Syphilis: **Non-Reactive**

HTLV 1 & 2: **Non-Reactive**

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 11/18/2021.

The results were POSITIVE for Duarte galactosemia (GALT), Lysosomal acid lipase deficiency (LIPA) and Mucopolysaccharidosis type IIIA (SGSH). Donor 5929 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 donor carries a specific mutation in the GALT-gene called the "Duarte variant." This variant links to a mild form of the disease called Duarte galactosemia. If a recipient carries a disease-causing mutation in the GALT gene, each offspring would have a 25% chance have Duarte galactosemia. Duarte galactosemia's implications and long-term consequences are still being studied and show a significant degree of variation. This donor is not a carrier for the more severe, classic form of GALT-related galactosemia. Therefore, offspring would not be affected with the severe condition regardless of the mutation status of the recipient. Genetic counseling is recommended.

Testing was negative for the remainder of genes screened.

Disease	Result	Residual risk to be a carrier (based on Northern & Eastern European ethnicity)
Galactosemia (GALT-related)	POSITIVE; DUARTE VARIANT	n/a
Lysosomal acid lipase deficiency (LIPA)	POSITIVE	n/a
Mucopolysaccharidosis type IIIA (SGSH)	POSITIVE	n/a
Cystic Fibrosis	Negative	1 in 2,700
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: 5929

The content of this narrative reflects the original written work of the donor with additions by TSBC staff via donor interview.

Describe your personality: introvert, extrovert, funny, serious, goal-oriented, curious, shy, etc.

I'd definitely call myself an extrovert. And I would say I try to find the funny side in things, try not to take things too seriously. If there was an opposite of goal-driven I would say I'm that. I am very much into the experience of things as opposed to any type of monetary or career success.

What are your interests and talents?

I've always been talented at and interested in basketball. I can play some of a bunch of different instruments, which I think if you put them all together you could call it a talent. I'm a good public speaker and enjoy being on camera or just generally being listened to. In high school, I worked on the school news program, and I briefly studied sports broadcasting in college. I am very interested in tattoos and fashion and went to a casting call for a style magazine. They ended up handing me a mic and asking me to interview people on the street about their style and tattoos.

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

All of my goals surround travel. If I can secure a job or position doing something positive in communities around the world, that would be my ideal place. In 5-10 years I hope to have established myself in a career in charity

work around the world, or something of that nature. Witnessing economic disparities at home and in my travels makes me want to contribute in some way. I also have a passion for cooking and will be starting culinary school next summer.

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

Math: I have zero interest in math. My worst subject in school and in real life application.

Mechanical: I wouldn't call myself super handy, but I can get by. I'll be able to change the headlight on a car or fix an air conditioner.

Athletic: I'd definitely say I'm more athletic than anything else on this list. Basketball, football, swimming, weights, hiking, you name it.

Musical, Artistic, Creative: I can get by on about 4 or 5 different instruments, but nothing super crazy. I couldn't draw or paint anything but I do consider myself to be creative, especially through cooking and style.

Language (what languages besides English do you speak?): Was almost fluent in Spanish a long time ago, but have since lost most of it. Definitely able to learn though if the time was put in.

Writing: I'm only able to write well enough to pass basic college level classes.

Literature: I do enjoy reading quite a bit. Autobiographies are my favorite, but anything pertaining to Greek mythology or history in general is a close second.

Science: Little to no interest in it.

Please list a few of your favorite:

Movies: Pirates of the Caribbean, The Dark Knight, Eternal Sunshine of the Spotless Mind

Books/Authors: Game of Thrones series, The Dirt, The Outsider by Stephen King

Albums/Musicians/Performances: Aerosmith, Nirvana, Green Day, Mac Miller

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

I really only have one reason. My mom was artificially inseminated with my dad's sperm, so I myself wouldn't even exist without these kinds of processes.

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

I joined this program because it's important to be in touch with your roots. My DNA could be used and raised in many different cultures, so I think it would be nice to be in touch with multiple sides of yourself.

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

I'd just really like to ensure that I am going into this with very good intentions and hope to be reached out to in many many years with a success story. I think the most important thing to guarantee a successful and blessed life is a family that understands how precious life is.

THANK YOU!



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

HEALTH PROBLEMS LIST DONOR 5929

DONOR

Problem/Diagnosis: Bee Venom Allergy

Age of Onset: Childhood

Treatment: EpiPen

Outcome: Managed as needed

MOTHER

Problem/Diagnosis: Glaucoma

Age of Onset: 8

Treatment: Eye Surgery

Outcome: Managed with consistent monitoring

Problem/Diagnosis: Diverticulitis

Age of Onset: 40

Treatment: Surgery

Outcome: Resolved

Problem/Diagnosis: Ulcerative Colitis

Age of Onset: 45

Treatment: Surgery at Age 47

Outcome: No longer symptomatic

FATHER

Problem/Diagnosis: Type II Diabetes

Age of Onset: 36

Treatment: Insulin

Outcome: Managed

Problem/Diagnosis: High Cholesterol

Age of Onset: 50

Treatment: Lifestyle Changes
Outcome: Managed

Problem/Diagnosis: Hypertension

Age of Onset: 50
Treatment: Lifestyle Changes
Outcome: Managed

DONOR'S BROTHER #1

Problem/Diagnosis: Depression

Age of Onset: 23
Treatment: Zoloft (SSRI)
Outcome: Managed with minimal impact on functioning.

Problem/Diagnosis: Melanoma in Situ

Age of Onset: 29
Treatment: Surgery to remove cancerous mole
Outcome: Resolved

MATERNAL GRANDMOTHER

Problem/Diagnosis: Type II Diabetes

Age of Onset: 40
Treatment: Insulin
Outcome: Managed until death at Age 80

Died at Age 80 while hospitalized. Donor reports death from natural causes/old age. No additional information.

MATERNAL GRANDFATHER

Problem/Diagnosis: Pancreatic Cancer

Age of Onset: 57
Treatment: Chemotherapy
Outcome: Death

MATERNAL AUNT #1

Problem/Diagnosis: Cervical Cancer

Age of Onset: 42

Treatment: Chemotherapy, Surgery

Outcome: Remission

MATERNAL COUSIN #1

Problem/Diagnosis: Opiate Use Disorder

Age of Onset: 21

Treatment: Narcotics Anonymous (NA)

Outcome: Treated with NA meetings

PATERNAL GRANDMOTHER

Problem/Diagnosis: Type II Diabetes

Age of Onset: 38

Treatment: Insulin

Outcome: Managed until death at Age 70

Problem/Diagnosis: Heart Attack

Age of Onset: 70

Treatment: None

Outcome: Death

PATERNAL GRANDFATHER

Problem/Diagnosis: Heart Attack

Age of Onset: 54

Treatment: None

Outcome: Death

PATERNAL HALF-AUNT

Problem/Diagnosis: Breast Cancer

Age of Onset: 45

Treatment: Chemotherapy

Outcome: Death at Age 49

PATERNAL HALF-UNCLE #1

Death at Age 24 due to Motorcycle Accident

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 cannot 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 specific health problems. ("Increased risk" is a risk that is greater than the risk in the general population).

As reported, DIS 5929's personal/family history is notable for cancer, type 2 diabetes and early-onset glaucoma, and bee venom allergy. It is not predicted that the risk for cancer or a bee venom allergy is increased over the general population risk.

There are several instances of cancer in the donor's extended family members. The types of cancer seen in this family and the earlier ages of onset can signal the presence of a heritable cancer predisposition variant. Heritable predisposition variants can predispose a person to develop cancer within their lifetime. To clarify this risk, donor 5929 had a genetic cancer screen of 61 genes known to cause a heritable predisposition to cancer. This testing was negative. The negative result reduces, but cannot eliminate, the risk that the donor may carry a heritable predisposition to cancer.

Multiple family members are affected with type 2 diabetes mellitus (T2DM). Based on this family history, offspring of 5929 may be at increased risk of developing T2DM in their lifetime. The magnitude of this risk is difficult to estimate. The general population risk is estimated to be around 1 in 8.

The donor's mother was diagnosed with glaucoma in childhood. As there are no additional family members in the donor's family reported to have glaucoma, including the donor himself, the risk to the donor's offspring is likely to be low. However, it is possible the risk may be significantly higher if this case is inherited and not isolated. It is much more likely that the early-onset glaucoma is an isolated event as inherited, genetic forms are rare.

Based on this family history, there may be an increased risk to offspring to type 2 diabetes or glaucoma. However, the exact magnitude of this risk is not known.

Please also see this donor's Invitae Expanded Carrier Screening details of the testing completed, and the donor's results.

Sincerely,

Janine Mash
LCGC Certified Genetic Counselor
San Francisco Genetic Counseling