



Reproductive Technologies, Inc.

# THE SPERM BANK OF CALIFORNIA

## INTERVIEW NOTES: 5998

Donor 5998 came to our interview in a blue checked button-down shirt, with blue khakis, a patterned blue sweater and white tennis shoes. He has dark brown hair that is starting to go salt and pepper cut shorter on the sides and a bit longer at the top combed back from his forehead. He has beautiful hazel eyes that tilt down slightly at the corners. He has symmetrical features with slightly curved eyebrows, a proportional nose, and small full lips. We agree with the donor that he resembles Scott Foley.

Donor 5998 lived with his parents and older brother in the suburbs. Growing up, he enjoyed spending time with his older brother. Whether it was outside playing hockey with the neighborhood kids or indoors playing board games (something he still enjoys today!). He was an active child who loved to be outdoors and played soccer, baseball, and basketball while growing up.

In school, donor 5998 found himself drawn to mathematics. He also loved building things as a child be it Lego's, towers out of blocks, or K'NEX. His love of math combined with his penchant for building as a child lead his parents to see a possible future as a mechanical engineer. He enjoyed learning and enjoyed school. Outside the classroom, donor 5998 played tennis in high school and Ultimate Frisbee in college, both of which he still plays today.

As he began pursuing higher education his interest in statistics as well as public policy led him to major in Economics and Math as an undergraduate. He then went on to graduate school and received his MBA. After graduating, Donor 5998 initially worked as a data scientist, analyzing healthcare systems for ways to improve outcomes. This included working on creating better electronic systems for records. He also spent time working at the Federal level on public policy evaluation. He determined that while he understands the importance of program evaluation, he found he enjoyed working in the technology world better.

Donor 5998 currently is a project manager focusing on mobile apps. He is also interested in AI and machine learning as part of his background in data science. Donor 5998 added that people often misunderstand the potential of machine learning – far from “taking over the world”, it is best suited to *narrow, concrete and specific applications* which he enjoys building the systems for.

Donor 5998 remains close to his brother saying that while he and his brother have very different personalities that did not get in the way of their shared hobbies, and they remain close to this day, visiting one another often as they both live on the west coast. They also share a love of rock climbing. While his brother prefers outdoor climbing, donor 5998 says that he prefers indoor climbing. Donor 5998's preference for the structure and safety of indoor climbing illustrates his thoughtful and considered nature well.

What donor 5998 says he really loves is gardening. His current space is *full of tomatoes and a lemon tree* and one of the things he would like in the future is a larger yard to expand his vegetable garden. When asked what he would like to grow if space was not a constraint his eyes immediately lit up as he exclaimed “artichokes!” with a smile.

We are so excited to have this thoughtful, mature donor in our program!

*Interviewed by Kenya C. and Madeline M. on 04/29/2022*



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## DONOR PROFILE: 5998

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 5998 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in June 2022

### PERSONAL INFORMATION

- Identity-Release® Program: **Yes**
- Month/year of birth: **July 1989**
- Education: **Master Business Administration (MBA)**
- Current occupation: **Product Manager**
- Ethnic origin: **Ashkenazi Jewish, English, German, Scandinavian**
- Religion born into: **Jewish/Quaker**
- Religion practicing: **None**

### PHYSICAL CHARACTERISTICS

- Height: **6' 2"**
- Weight: **172.5 lbs**
- Hair color: **Dark brown**
- Hair type: **Wavy**
- Eye color: **Hazel**
- Complexion: **Fair/creamy**
- Body type: **Ectomorphic (slim)**
- Blood group/Rh: **O+**
- Baby photo available: **Yes**
- Other distinguishing features: **None provided**

### 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

Gastrointestinal: **PGF: Colon cancer at 78, treated with chemotherapy, cause of death at 82.**

Heart: **F: High cholesterol at 61, treated with medication, managed. High blood pressure at 61, treated with medication, managed. Thoracic aortal aneurysm at 68, treated with replacement of ascending aorta and lifestyle changes, managed. MGM: Stroke after fall at 87, cause of death at 87. PGM: Stroke at 86, cause of death. PU#1: High cholesterol at 65, treated with medication, managed. High blood pressure at 65, treated with medication, managed.**

Mental Health: **D: ADHD at 7, rescinded at 8, no impairment. MCo#1: Anxiety at 38(after birth of first child), treated with medication and anti-anxiety meds, primarily resolved.**

Metabolic/Endocrine: **M: Type I diabetes at 65, treated with insulin, managed. PGM: Type II diabetes in 70's, treated with insulin, managed until death at 86. PU#1: Type II diabetes at 72, treated with insulin and diet changes, managed.**

Neurological: **MGF: Dementia at 79, no treatment, ongoing until death at 83 due to pneumonia.**

Sight/Sound/Smell: **D: R: 20/15, L: 20/30**

Cancer (see above): **PGF: Colon cancer. PU#2: Throat 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 05/11/2022.

**The results were POSITIVE for WNT10A-related conditions.**

Donor 5998 is a carrier for these conditions.

**It is strongly recommended recipients who use this donor's sperm undergo carrier screening for WNT10A-related conditions.**

**WNT T10A-related conditions are inherited in both an autosomal recessive and autosomal dominant pattern.**

The variant detected in WNT10A (c.682A>T; p.Phe228Ile) can cause a common condition called isolated tooth agenesis, which affects 2-8% of the general population. Tooth agenesis, also called hypodontia, is the absence of one or more teeth. It's estimated people who carry the variant are 2-3 times more likely to have one or more missing teeth. All offspring of donor 5998 have a 50% chance to inherit the c.682A>T WNT10A variant and be at increased risk for isolated tooth agenesis/hypodontia.

Testing was negative for the remainder of genes screened.

Disease	Result	Residual risk to be a carrier (based on Northern European & Ashkenazi Jewish ancestry)
<b>WNT10A-related conditions</b>	<b>POSITIVE</b>	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: 5998

*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.**

According to the Myers-Briggs test, I'm an ENTJ, with about 70% extrovert. I am told I have a sometimes sarcastic, sometimes goofy sense of humor. I definitely crave social interaction, which is part of the reason I transitioned from individual coding work to a more social work function. That being said, I became very comfortable not seeing people during covid, unlike some extroverts I know. I prefer to ask questions and listen than to talk, but I have no trouble making conversation with absolutely anyone.

**What are your interests and talents?**

I love seeing friends: eating meals together, playing board games together, and joining athletic leagues. I've played many sports over the years and also many instruments as hobbies. I love to garden and have developed an extensive garden of vegetables, fruit trees, berries, herbs, and sunflowers. I'd love to be able to build a garden with raised boxes someday.

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

Recently I've felt like I achieved many of my goals and am actually quite satisfied with my life as it is! But a few goals include: home ownership, getting a 2nd dog, and starting my own family. I'm on a strong trajectory at work and hope to continue along the path I've set out for myself.

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

**Math:** Math has always been my favorite subject from elementary school arithmetic through higher-level proof-based math in college. I would say my favorite math subjects were calculus in high school and "Real Analysis" in college, which is basically mathematical proofs of calculus.

**Mechanical:** This was a favorite area as a child and young adult, when I liked building toys and went to an engineering camp.

**Athletic:** as a child I played soccer very competitively (on a team that played with teams two grades up) and was also on a baseball team with friends, though our team wasn't quite as good. In school, I loved gym and was a presidential fitness scholar, which I believe meant I was in the top 10-20% in a variety of fitness tests. In high school I played on the tennis team and taught lessons to kids 5-11 years old. In high school and college, I played Ultimate frisbee, which is a real sport (!! ) and was captain of the Ultimate Frisbee team during college. These days I rock climb a few times per week, play volleyball once per week, and play tennis about every other week. I also go on a lot of hikes with my dog.

**Musical, Artistic, Creative:** I started playing violin in elementary school. In 7th grade, the high school orchestra teacher asked me to switch to viola and join high school band, which I did. I continued to play the viola in our university orchestra program through the end of college. I also played the guitar and drums in a few high school bands. I still play acoustic guitar pretty often, though the person I used to play with most often moved away so I mostly play on my own now. I love to play with people who like to sing pop songs with me on backup - some favorite songs to play are Fleetwood Mac, Britney Spears, and Old Crow Medicine Show.

**Language (what languages besides English do you speak?):**

**Writing:** I've always loved to write and did well in writing classes, though I haven't continued these hobbies as an adult. As a child, I took creative writing classes as an extracurricular and wrote poetry in high school. I actually recently showed some friends the poetry I had written in high school and college, expecting to laugh at it but it actually held up surprisingly well. Happy to share some of it if that would be of interest.

**Literature:** In general I would say I'm less interested in English/literature as an academic subject and have joined a few book clubs over the years and don't really enjoy the deeper discussion of books/literature. Perhaps counterintuitively, I'm an avid reader and read ~20 books/year according to my GoodReads, I just don't enjoy the dissection of books and see it more as pleasure and escape rather than something to dedicate a great deal of brain space toward. In the last year, my favorite books were Severance by Ling Ma, Green on Blue by Elliot Ackerman, Beautiful World, Where Are You by Sally Rooney, and Unaccustomed Earth by Jhumpa Lahiri. I have also been reading various Kazuo Ishiguro and Jonathan Franzen books.

**Science:** After Mathematics, the sciences were my favorite classes. I was particularly drawn toward physics and computer science. I unfortunately didn't discover computer science until the last semester of my senior year of college, but if I had taken it earlier, it probably would have been my major. My first employer after college paid for continuing education so I took 4 semesters of computer science classes at night after work. My career has mostly been in computer science-adjacent roles, particularly data science and machine learning. It has largely been self taught as the field is changing so much and what I learned in my CS classes is no longer cutting edge.

### Please list a few of your favorite:

**Movies:** I love comedies, including What We Do in the Shadows, Superbad, Super Troopers, Mean Girls, Book Smart, Office Space, Bridesmaids, etc

**Books/Authors:** Jhumpa Lahiri, Jonathan Safran Foer, Elena Ferrante are my favorite authors from the last 5ish years

**Albums/Musicians/Performances:** I would say my favorite music is Americana music (Brandi Carlille, Jason Isbell, Tallest Man on Earth), in part because I enjoy playing/covering this type of music. Also hot take but I actually think Taylor Swift is a really talented musician and like her music, especially the early stuff and Folklore/Evermore.

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

I initially became interested in the idea of sperm donation after hearing about the difficulties of becoming a parent from some LGBTQ friends. More recently, someone close to me experienced fertility issues. I personally understand how stressful it can be and would love to help however I can.

### You have joined the Identity-Release<sup>®</sup> Program . What appeals to you about this program?

I think every child should be able to understand where they came from as an adult, including their genetic makeup. I would never want to withhold that information from anyone.

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

I hear that being a parent is one of the most rewarding (though also difficult) things that most people do in their life. I sincerely wish the best for you and your family going forward!

**THANK YOU!**



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## HEALTH PROBLEMS LIST DONOR 5998

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### DONOR

***Problem/Diagnosis: ADHD (diagnosis later rescinded)***

Age of Diagnosis: 7; rescinded at 8

Treatment: Ritalin for less than 2 weeks

Outcome: Diagnosis originally made by pediatrician and rescinded following reevaluation by two psychologists; no functional impairment.

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### MOTHER

***Problem/Diagnosis: Type I Diabetes***

Age of Onset: 65

Treatment: Regular insulin

Outcome: Managed

Other notes: Donor reports he tested negative for Diabetes Type I autoantibodies.

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### FATHER

***Problem/Diagnosis: High Cholesterol***

Age of Onset: 61

Treatment: Various medications (e.g. Statins, Beta Blockers). Doctors recommended changes to diet and exercise but those recommendations were not followed.

Outcome: Managed

***Problem/Diagnosis: High Blood Pressure***

Age of Onset: 61

Treatment: Various medications (e.g. Statins, Beta Blockers). Doctors recommended changes to diet and exercise but those recommendations were not followed.

Outcome: Managed

***Problem/Diagnosis: Thoracic Aortal Aneurysm***

Age of Onset: 68

Treatment: Replacement of ascending aorta, lifestyle changes

Outcome: Afib following surgery now resolved; doing well with new lifestyle changes; expected to require 2<sup>nd</sup> replacement of aorta by age 93

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## MATERNAL GRANDMOTHER

***Problem/Diagnosis: Fell, had a stroke***

Age of Onset: 87

Treatment: n/a

Outcome: Death at 87

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## MATERNAL GRANDFATHER

***Problem/Diagnosis: Dementia***

Age of Onset: Slow onset starting around 79

Treatment: none

Outcome: ongoing until death at 83 due to aspiration pneumonia

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## MATERNAL COUSIN #1

***Problem/Diagnosis: Anxiety***

Age of Onset: 38, after birth of first child

Treatment: primarily meditation, also some anti-anxiety medications

Outcome: primarily resolved, some recurrence which is managed through meditation

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## PATERNAL GRANDMOTHER

***Problem/Diagnosis: Type II Diabetes***

Age of Onset: 70s (exact age unknown)

Treatment: Insulin

Outcome: Managed until death at 86

***Problem/Diagnosis: Stroke***

Age of Onset: 86

Treatment: n/a

Outcome: Death at 86

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## PATERNAL GRANDFATHER

***Problem/Diagnosis: Colon Cancer***

Age of Onset: 78

Treatment: Chemotherapy

Outcome: Death at 82

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## PATERNAL UNCLE #1

***Problem/Diagnosis: High Cholesterol***

Age of Onset: 65

Treatment: Various medications (e.g. Statins, Beta Blockers)

Outcome: Managed

***Problem/Diagnosis: High Blood Pressure***

Age of Onset: 65

Treatment: Various medications (e.g. Statins, Beta Blockers)

Outcome: Managed

***Problem/Diagnosis: Type II Diabetes***

Age of Onset: 72

Treatment: Insulin, switched to diet soda

Outcome: Managed

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## PATERNAL UNCLE #2

***Problem/Diagnosis: Throat Cancer***

Age of Onset: 74, believed to be associated with woodworking hobby

Treatment: successfully treated with radiation therapy

Outcome: cancer free

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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).

**DATE: 3/22/22**

DIS 5998's family history is notable for Type 1 diabetes mellitus (T1DM) seen in his mother and thoracic aortic aneurysm (TAA) in his father. The risk the donor may develop a thoracic aortic aneurysm (TAA) is increased over the general population. Second-degree relatives' risk may also be higher than the general population. The risk for Type 1 diabetes is also increased. Second-degree relatives have a two-fold chance over the general population to develop T1DM in their lifetime. The general population risk is 1 in 300.

Sincerely,

Janine Mash, LCGC  
Certified Genetic Counselor  
San Francisco Genetic Counseling