



Reproductive Technologies, Inc.

THE SPERM BANK OF CALIFORNIA

INTERVIEW NOTES: 6142

Donor 6142 came to our interview in a maroon v neck sweater with the sleeves casually pushed up to his elbows revealing a black leather woven bracelet paired with a silver ring on his middle finger. His light brown hair is shorter on the sides and longer on the top. He has a habit of running his fingers through the top portion when he is in thought, resulting in a charmingly tousled and comfortably chic look. He has a classically handsome face with a straight proportional nose, dark straight brows framing his bright green eyes and a defined jawline. The donor states he looks like a young Alan Ruck circa Ferris Bueller's Day Off or a clean-shaven Ryan Gosling and we agree.

Donor 6142 grew up in NYC with his two younger siblings, a brother, and sister. He grew up with NYC as his playground, spending time with his father in Central Park biking and rock climbing. He also frequented a local park as he enjoyed spending the majority of his time outdoors. He played Little League and soccer, has a love of biking and has participated in cross-country bike trips. He added that he biked from Southern Maine to Quebec and Savannah, Georgia to Los Angeles. He said the group often camped along the route, another activity he enjoys.

He attended a small private school that was K-12 where he attended all 13 years of his foundational education. His favorite subjects were math and history. When asked why he enjoyed history he stated he enjoys stories and learning what historical events shaped the world and how we ended up with certain laws and cultural practices. He also credited his love of history to having had some great teachers! He liked attending school with the same core group of friends and is still in contact with several of them. He said that growing up in a major city was fun, but he missed having a backyard when he was younger as he couldn't really go out and explore as a youngster, gaining more independence around 13. He fondly remembers his Bubbe (grandmother) babysitting him as a child. He also remembers spending long weekends at his grandparents' Catskills home.

As a result of his love of the outdoors and the constraints of city life, Donor 6142 attended college in upstate New York where he could experience a different environment. He received his degree in Computer Science and relocated to the West Coast for work as a software engineer. He chose Computer Science as he had learned how to code using simple programs in middle and high school. He says he enjoys being a "digital nomad" as it allows him the ability to work from almost anywhere.

Donor 6142 spends his free time hanging with his friends and partner of over four years. He says they enjoy comedy shows and throwback nights. He noted that he appreciates the more relaxed style of dress on the West Coast as it lacks the "high fashion" aspects of NYC. But he also enjoys costume-themed parties to indulge in a more formal and deliberate style of dress. He next shared that he likes hiking, reading, spending time with his dog, and caring for his "dozens" of plants. When asked about the books he reads, he lit up and quickly said fantasy books that include world-building like Brandon Sanderson who he describes as creating rules-based magical science systems which he particularly enjoys.

In five years, donor 6142 sees himself working as a tech lead with an A.I. startup or working with his current company in the A.I. department focusing on safety. Ideally, he would like a leadership position that still allows him

to code, lead a team, and focus on working to create a safe helpful way for humanity to use A.I., citing its ability to automate science allowing for more scientific discoveries. He also sees himself with a family, possibly convincing his parents to relocate as well.

We asked Donor 6142 how his friends would describe him and he said intelligent, nice, nuanced, and thoughtful. He says that given his background some people will make assumptions about his character that are quickly disproved. His detailed description of responses of others shows he is as his friends described, thoughtful, introspective, and focused on giving back to humanity in meaningful and productive ways.

After hearing such a thoughtful response to the question, we asked why he had chosen to be a donor and he stated, he has always donated to causes but in rather impersonal ways, cash donations, etc. Donating sperm to assist people in having families allows him to donate in a more personal way towards a goal he believes in, that everyone deserves to have the family of their dreams.

Interviewing donor 6142 was a challenge as he speaks lightning fast, thinks extremely quickly, and would throw out interesting facts about his life that we scrambled to keep up with! We are absolutely thrilled to have such a thoughtful, sensitive, and intelligent donor in our program!

Interviewed by Kenya C. and Sinead O. on 06/07/23



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DONOR PROFILE: 6142

The past and current personal and family medical history, physical examination, and laboratory test results determine that donor 6142 is eligible and approved for semen donation at THE SPERM BANK OF CALIFORNIA. This profile was prepared in July 2023

PERSONAL INFORMATION

- Identity-Release® Program: **Yes**
- Month/year of birth: **July 1994**
- Education: **B.S. in Computer science**
- Current occupation: **Software engineer**
- Ethnic origin: **Polish and Russian Jewish (50% maternal), English, German, Irish, Norwegian**
- Religion born into: **Judaism & Catholicism**
- Religion practicing: **Atheist**

PHYSICAL CHARACTERISTICS

- Height: **6'3"**
- Weight: **181 lbs**
- Hair color: **Light brown**
- Hair type: **Straight**
- Eye color: **Green**
- Complexion: **Fair/creamy**
- Body type: **Muscular**
- Blood group/Rh: **O+**
- Baby photo available: **Yes**
- Other distinguishing features:

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: **M:** Coconut allergy in childhood, treated with avoidance, managed. Lactose intolerant (mild), no treatment, managed. **B:** Lactose intolerance (mild) in adolescence, OT medications and avoidance, managed.
Breast Cancer: **PGM:** Breast cancer at 64, treated with chemotherapy, resolved.
Genital/Reproductive: **D:** Testicular hernia at birth, treated with surgery at 9, resolved. Testicular varicocele at 12, treated with surgery, resolved. **M:** Ovarian cysts at 30, treated with surgery, managed.
Heart: **M:** High blood pressure at 42, treated with medication, managed. High cholesterol in her 50s, treated with lifestyle changes and medication, managed. **MGM:** High blood pressure in her 50s, treated with medication, managed. **MGF:** High cholesterol in his 50s, treated with medication, managed. Coronary heart

disease I his 50s, treated with surgery to place stents, managed. Arrhythmia in his 60s, treated with surgery to place pacemaker, managed. Heart attack in his 60s, treated with surgery to place pacemaker, managed. Mental Health: MCo#1: Body dysmorphia (result of trauma related to car accident in their 20s, treated with corrective surgeries and psychotherapy, managed. PGM: Seasonal affective disorder in her 20s, treated with medication, managed.

Metabolic/Endocrine: Hypothyroidism at 47, treated with medication, managed. S: Kidney stones at 10, no treatment-passed on their own, resolved. MGM: Diabetes, type II in her 40s, treated with medication and lifestyle changes, managed without medication. Hypothyroidism in her 50s, treated with medication, managed. MGF: Kidney stones in his 40s, treated with surgical removal, resolved. Hypothyroidism in the 50s, treated with medication, managed. High blood pressure in his 50s, treated with medication, managed.

Muscles/Bones/Joints: F: Hernia at 41, treated with surgery, resolved. B: Scoliosis (mild) in early childhood, treated with physical therapy and one steroid injection, managed. Ligament laxity (hyperflexible knees and ankles) at birth, treated with physical therapy, managed. MGM: Osteoarthritis in her 70s, treated with OTC medication, managed. PGM: Osteoarthritis in her 60s, treated with OTC medication, managed. PGF: Viking disease (gradual bending of fingers) in early 60s, treated with surgery and physical therapy, managed. Osteoarthritis in his 60s, treated with OTC medication, managed.

Neurological: M: migraines at 47, treated with injections and OTC medication, managed. MGF: Stroke in his 70s, treated with medication, managed. Parkinson's disease in his 70s, treated with medication, managed.

Sight/Sound/Smell: D: both eyes: 20/20. MGM: Wet macular degeneration at 70, no treatment available, progressed to blindness. PGM: Dry macular degeneration at 75, treated with surgery, resolved.

Skin: D: Acne at 14, treated with medication, resolved. M: Acne at 13, treated with medication, resolved. MGM: Skin cancer at 70, treated with surgical removal, resolved. MA: Skin cancer at 52, treated with surgical removal, resolved. PGF: Squamous skin cancer at 84, treated with radiation, resolved. PCo#2: Acne at 14, treated with medication, resolved.

Substance use disorders: PU: Alcohol use disorder in adolescence, treated with a rehabilitation program, resolved.

Cancer (see above): M: Colon polyps (cancerous). MGM: Skin cancer. MA: Skin cancer. PGM: Breast cancer. OGF: Squamous skin cancer.

Other: M: Colon polyps (cancerous) at 47, treated with surgery, resolved. MGM: Gallbladder infection at 75, treated with surgery to remove, resolved. MU: Gallbladder infection, treated with surgical removal, resolved. MCo#2: Car accident at 17, no treatment, resulted in death.

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 525 autosomal recessive conditions was completed by Invitae and reported on 6/26/23.

The results were **LIKELY CARRIER** for **Congenital Nephrotic Syndrome Type 2**. Donor 6142 is a likely carrier for this condition.

It is strongly recommended that recipients who use this donor's sperm undergo carrier screening for these specific conditions.

Testing was negative for the remainder of genes screened.

Disease	Result	Residual risk to be a carrier
Congenital Nephrotic Syndrome Type 2	Likely Carrier -homozygous	N/A
Cystic Fibrosis (classic CF and CFTR-related disorders)	Negative	1 in 800
Spinal Muscular Atrophy	Negative: 2 copies exon 7 c.*3+80T>G variant not detected	1 in 880
HBB Hemoglobinopathies	Negative	1 in 4800
Alpha Thalassemia	Negative	Reduced

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

DONOR NARRATIVE: 6142

The content of this narrative reflects the original written work of the Donor, with minor edits by TSBC staff.

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

I am a curious, semi-serious, generalist/jack-of-all-trades type of person. I need a good mix of activities and projects to feel happy and comfortable, particularly some exercise and learning. I am an extroverted introvert: I speak softly, love alone time, and prefer having a few close 1-1 friendships while also enjoy being part of a larger/looser friend group where I can go to events/parties regularly. Life is good, I am generally pretty chill and relaxed, but I can get a bit overwhelmed trying to do too many things at once or if I'm being slightly perfectionist (such as when I caveat everything to be "more accurate").

It may be helpful to be aware of some amusing life trends/anecdotes from my childhood in case they behave similarly. I believe I was excessively wholesome (i.e. letting referees know on multiple occasions that they shouldn't have called a play in favor of *my* team) and trusting (I was a Santa Fundamentalist until pretty late, "Why would my parents lie?") for better or worse until I was a teenager. Then I became stubborn and willful

without being “rebellious”, such as secretly getting a job to get money to climb Kilimanjaro without informing my (undeserving of this) parents because they might have said no. My parents did not let any of their imperfections affect our childhoods, and besides incredible 7th grade awkwardness I almost entirely enjoyed mine.

What are your interests and talents?

I love history, indoor gardening (I have 70+ plants), exercise, and reading. I love long walks with my dog, back and forths with friends, and spending time with my girlfriend. I like to interact with the various niche communities in the bay area even if they're not always my thing and try to take advantage of all the nature/day trips available here. I used to be very into travel, bike tours, infotainment (science/history), and following/being involved in politics, but I'm currently prioritizing my long-term goals mentioned below.

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

My two goals are basically Work and Family, I am trying to keep myself focused on those currently. In my personal life, I would like to still be with my current partner somewhere leafy like Berkeley, where I can have a life-filled house with my (eventual) wife, lots of kids, dogs, plants, etc., and have an in-law suite for my parents when they retire. Workwise, I would like to be a research or engineering team tech lead at a startup, where I can still individually contribute (as opposed to purely managing people), have minimal bureaucracy/high velocity, work in person, know everyone and work in a focused way toward a common goal of making the world better in some tangible way. I am otherwise happy enough with my finances, health, status, and the friends I already have and would mostly like to keep things that way and appreciate what I have more. Besides those two goals, adventure-wise, I would want to sail around the entire Mediterranean at some point, *Odyssey* style, but I am not working towards that right now.

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

Math: I love/am great at math and am sad I did not major in statistics. I also enjoy math history and educational YouTube videos (ex. 3Blue1Brown).

Mechanical: Low to non-existent since I did not grow up with a car/garage. However, I am interested in engineering and can do bike maintenance.

Athletic: I (semi-consistently) do cycling (bike tours across the US, Loire River, and Quebec), hiking, and weight lifting. I was briefly a D1 Athlete (walked on to my college rowing team) and ran cross country and track in High School.

Musical, Artistic, Creative: Lately, I create my own outfits to attend theme (costume) parties. In the past, I used to draw and take Swing or Salsa lessons, and I am terrible at singing but enjoy group singing/karaoke anyway.

Language (what languages besides English do you speak?): I can read French and used to speak it well enough to travel outside major cities in France/Quebec. I know some broken Spanglish for traveling and have tried learning Hebrew, German, Italian, and Japanese before.

Writing: I journal daily for myself but am not interested otherwise.

Literature: History, sci-fi, fantasy, manga, classics/mythology, and pop-sci.

Science: I love science, particularly physics, biology, and psychology. I would like to be involved in some form of research in the future.

Please list a few of your favorite:

Movies: Gladiator, Hook, Rocky IV, and Princess Mononoke. I generally prefer serialized TV shows, podcasts, or books, and I haven't watched many movies since I was a kid.

Books/Authors: Brandon Sanderson, Terry Pratchett, Robin Hobb, Greg Egan, The Foundation series, Tom Holland (historian), Mike Duncan, One Piece, The Song of Achilles, Screwtape Letters, and Journey to the West.

Albums/Musicians/Performances: Sabaton, My Chemical Romance, and Billy Joel. I also listen to EDM, pop country, Israeli pop, Broadway/Disney soundtracks, and what was popular when I was a teenager (ex., 'Everytime We Touch').

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

I want to become a sperm donor to assist others in building families, contribute positively beyond financial donations, and being influenced by my familiarity with the industry through personal relationships, such as my partner who is an egg donor.

THANK YOU!



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HEALTH PROBLEMS LIST DONOR 6142

DONOR

Problem/Diagnosis: Acne

Age of Onset: 14

Treatment: Medication

Outcome: Resolved

Problem/Diagnosis: Testicular Hernia

Age of Onset: Birth

Treatment: Surgery at age 9 to correct

Outcome: Resolved- no further complications

Problem/Diagnosis: Testicular Varicocele

Age of Onset: 12

Treatment: Surgery to correct

Outcome: Resolved- no further complications

MOTHER

Problem/Diagnosis: Coconut Allergy (mild)

Age of Onset: Childhood- mild swelling of tongue

Treatment: None- avoids coconuts

Outcome: Managed

Problem/Diagnosis: Acne

Age of Onset: 13

Treatment: Medication

Outcome: Resolved

Problem/Diagnosis: Lactose Intolerance (mild)

Age of Onset: 24

Treatment: None

Outcome: Managed- mild gas in response to consuming lactose

MOTHER (cont'd)

Problem/Diagnosis: Ovarian Cysts

Age of Onset: 30

Treatment: Surgery to remove cysts and one ovary

Outcome: Managed- remained able to have children

Problem/Diagnosis: High Blood Pressure

Age of Onset: 42

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: Colon Polyps (cancerous)

Age of Onset: 47

Treatment: Surgery to remove polyps

Outcome: Resolved

Problem/Diagnosis: Hypothyroidism

Age of Onset: 47

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: Migraines

Age of Onset: 47

Treatment: Injections and over-the-counter medications

Outcome: Managed

Problem/Diagnosis: High Cholesterol

Age of Onset: 50s

Treatment: Takes medication preventatively; lifestyle changes

Outcome: Managed

FATHER

Problem/Diagnosis: Hernia

Age of Onset: 41

Treatment: Surgery to correct

Outcome: Resolved

BROTHER

Problem/Diagnosis: Lactose Intolerance (mild)

Age of Onset: Adolescence

Treatment: Over-the-counter medication when needed; avoids dairy consumption

Outcome: Managed

Problem/Diagnosis: Minor Scoliosis

Age of Onset: Early childhood

Treatment: Minor physical therapy, one steroid injection

Outcome: Managed

Problem/Diagnosis: Ligament Laxity (hyperflexible knees and ankles)

Age of Onset: Birth

Treatment: some physical therapy for knees

Outcome: Managed

SISTER

Problem/Diagnosis: Kidney Stones

Age of Onset: 10

Treatment: None- passed on their own

Outcome: Resolved

MATERNAL GRANDMOTHER

Problem/Diagnosis: Diabetes, Type II

Age of Onset: 40s

Treatment: Medication and diet/lifestyle changes

Outcome: Managed- no longer requires medication

Problem/Diagnosis: Hypothyroidism

Age of Onset: 50s

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: High Cholesterol

Age of Onset: 50s

Treatment: Medication

Outcome: Managed

MATERNAL GRANDMOTHER (cont'd)

Problem/Diagnosis: High Blood Pressure

Age of Onset: 50s

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: Gallbladder Removal (due to infection)

Age of Onset: 75

Treatment: Surgery to remove

Outcome: Managed/resolved- no further complications

Problem/Diagnosis: Skin Cancer

Age of Onset: 70

Treatment: Surgery to remove

Outcome: Resolved

Problem/Diagnosis: Wet Macular Degeneration

Age of Onset: 70

Treatment: None- progressed

Outcome: Blind

Problem/Diagnosis: Osteoarthritis

Age of Onset: 70's

Treatment: Over the counter medication, as needed

Outcome: Managed

MATERNAL GRANDFATHER

Problem/Diagnosis: Seizures

Age of Onset: 82

Treatment: unknown

Outcome: Died at age 82 from unending seizures

Problem/Diagnosis: Kidney Stones

Age of Onset: 40s

Treatment: Surgery to remove

Outcome: Resolved

Problem/Diagnosis: Hypothyroidism

Age of Onset: 50s

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: High Blood Pressure

Age of Onset: 50s

Treatment: Medication

Outcome: Managed

MATERNAL GRANDFATHER

Problem/Diagnosis: High Cholesterol

Age of Onset: 50s

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: Coronary Heart Disease

Age of Onset: 50s

Treatment: Surgery to place stents

Outcome: Managed

Problem/Diagnosis: Arrhythmia

Age of Onset: 60s

Treatment: Surgery to place pacemaker

Outcome: Managed

Problem/Diagnosis: Heart Attack

Age of Onset: 60s

Treatment: Surgery to place pacemaker

Outcome: Managed

Problem/Diagnosis: Stroke

Age of Onset: 70s

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: Parkinson's Disease

Age of Onset: 70s

Treatment: Medication

Outcome: Managed, progressing somewhat

MATERNAL AUNT

Problem/Diagnosis: Skin Cancer

Age of Onset: 52

Treatment: Surgery to remove

Outcome: Resolved

MATERNAL UNCLE

Problem/Diagnosis: Gallbladder Removal (due to infection)

Age of Onset: 50

Treatment: Surgery to remove

Outcome: Resolved

MATERNAL COUSIN #1

Problem/Diagnosis: Body Dysmorphia (resulting from trauma related to car accident)

Age of Onset: 20

Treatment: Corrective surgeries; psychotherapy

Outcome: Managed, ongoing

MATERNAL COUSIN #2

Problem/Diagnosis: Car Accident

Age of Onset: 17

Treatment: None

Outcome: Death

PATERNAL GRANDMOTHER

Problem/Diagnosis: Seasonal Affective Depression

Age of Onset: 20s

Treatment: Medication

Outcome: Managed

Problem/Diagnosis: Osteoarthritis

Age of Onset: Early 60s

Treatment: Over the counter medication, as needed

Outcome: Managed

Problem/Diagnosis: Breast Cancer

Age of Onset: 64

Treatment: Chemotherapy

Outcome: Resolved

Problem/Diagnosis: Dry Macular Degeneration

Age of Onset: 75

Treatment: Surgery to correct
Outcome: Resolved- vision corrected

PATERNAL GRANDFATHER

Problem/Diagnosis: Viking Disease (gradual bending of fingers)

Age of Onset: Early 60s
Treatment: Surgery and physical therapy to correct
Outcome: Managed

Problem/Diagnosis: Osteoarthritis

Age of Onset: 60s
Treatment: Over the counter medication, as needed
Outcome: Managed

Problem/Diagnosis: Squamous Skin Cancer

Age of Onset: 84
Treatment: Radiation
Outcome: No Cancer

PATERNAL UNCLE #3

Problem/Diagnosis: Alcohol Use Disorder

Age of Onset: Adolescence
Treatment: Substance use rehabilitation program
Outcome: Resolved- no further substance use or treatment

PATERNAL COUSIN #2

Problem/Diagnosis: Acne

Age of Onset: 14
Treatment: Medication
Outcome: Resolved

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).

As reported, there does not appear to be a personal or familial medical health history that would confer a significantly increased risk beyond seen in the general population.

Testicular (Inguinal) hernia: Testicular hernias, also called inguinal hernias, occur when abdominal tissue protrudes through a weak spot in the abdominal muscles. Inguinal hernias are common and often treated by surgery. Family history is a risk factor for inguinal hernia, though the magnitude of this risk is difficult to estimate. The offspring of donor 6142 may be at an increased risk of developing an inguinal hernia.

Testicular varicocele: A testicular varicocele typically occurs during puberty. They are an enlargement of the veins within the scrotum. The cause of varicoceles has yet to be fully established and may be a combination of genetics, environment, and other factors. They are common, occurring in 1 in 6 men, and are usually harmless. In some cases, they can cause pain and have an association with infertility for some men. The large majority of men with varicocele are fertile with normal sperm. The impact for male offspring of this donor to also be affected with a varicocele is well known and may be increased over the general population risk.

Scoliosis: DIS 6142 has a brother with mild scoliosis. Scoliosis can run in families due to genetic predisposition. It tends to manifest more frequently in females versus males. Offspring of DIS 6142 are second-degree relatives to the donor's brother. The recurrence risk for second-degree relatives is estimated to be around 2.4%, similar to the general population risk of 2-3%.

Please refer to the donor's Invitae expanded carrier test report for more information on, the testing completed and the donor's test results. Testing was negative for the remainder of genes screened.

Sincerely,

Janine Mash, LCGC
Certified Genetic Counselor
San Francisco Genetic Counseling