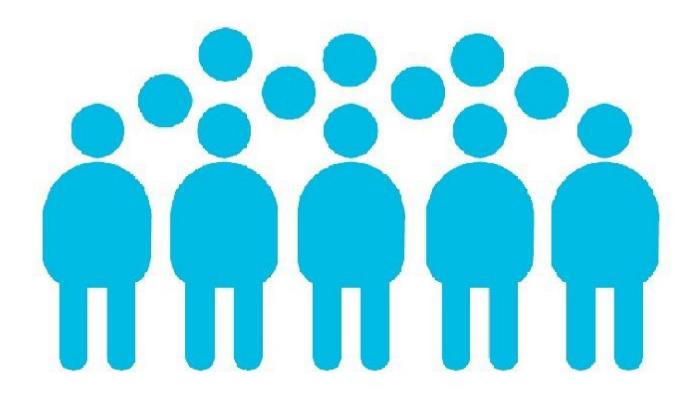
# **Extended Profile**

Catalogue # 1078

Londn Sperm Bank





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#### **ESSAY QUESTIONS**

### What is your most memorable childhood experience?

One day I came into the classroom and it smelled like cigarette smoke. The front of the room had the weirdest assortment of tubes, pipes and other miscellaneous scientific instruments. It looked like what you'd see on a mad scientist's desk in a movie. Our teacher informed us that we'd be studying the "Destructive Distillation of Organic Substances" this week. He put an entire pack of cigarettes into one part of the machine and put a fire under it. The tubes and pipes were set up so that every byproduct of the cigarettes was captured in a separate tube. He explained every aspect of what was going on and the chemical composition of all the substances that were accumulating. I saw some tubes turn yellow and others fill with disgusting black goo. And all the while we were taking notes on observations. This has stuck with me all these years because I thought it was the most intelligent method of discussing smoking with children that I've ever seen. He didn't lecture us about how smoking was bad, he just took a pack of cigarettes, broke it down into all of the chemicals it's composed of right in front of us and explained what they were.

## What immediate family member do you closely identify with and why?

I grew up with a brother who was nine years older than me. He was my hero, and by default was often my babysitter. We'd travel around together, doing what brothers do. From as early as I can remember, we would go out and walk around town. He'd take me to the corner store and spoil me with candy and root beer and have the girls from his high school fawn on me (and, by extension, him as well, now that I think about it). He'd take me to the mall and give me a dollar to play with ...until I'd cry that I wasted the whole thing on the claw machine - at which point he spent \$5 on getting me a stuffed bear. He is my world, and there are countless stories on top of the ones that I can remember. My parents tell me that every night, when I was around five, he and I would sit down after supper and watch a re-run of the Simpsons. I was obviously too young to understand anything, but I'd howl with laughter whenever he did...I was just happy to laugh along with my brother. The point is that he spent the time and showed me a lot of love, which made me the person that I am today.

#### What character traits do you admire in an individual?

Intelligence and curiosity are big for me. I love when people show some interest in the stuff I care about. I do try to reciprocate; I get involved in my friends' hobbies and activities and support them as much as I can. And I appreciate the fact that even though someone is not a nerdy type they'll read some stuff on "sciencedaily.com" or "physorg.com" just to talk to me about articles on there. That said, I don't expect all my friends to have the same interests. That would be very boring. Instead I like someone who is genuinely curious. Airheads are huge turnoffs. The most important thing is that they not be judgmental. I don't mind criticism that is justified, but I refuse to deal with close-minded people.

# What is the funniest thing ever to happen to you?

My childhood friend was kind of a jerk. He repeatedly committed really inconsiderate acts. When I was about 12 years old, we got really into paintball. Unfortunately, my family was quite frugal, and I didn't have any allowance yet, so I could not afford to buy my own gun. Our other friend, , did have a gun. This left us with two guns and three players, so we played a game called "Hunted", where two hunters would track and shoot the person without the gun. (Thinking back, this was a pretty twisted game). Anyway, it was \_\_\_\_\_'s turn to be the prey, so both \_\_\_\_ and I were after him. We finally found him, and proceeded to chase and shoot him. The situation worked was about 60 feet away from me, and was about half that, putting him directly in between the two of us. I got a little excited and proceeded to empty my entire hopper full of paintballs, hitting about 10-15 times in the back as he screamed at me "You're hitting me, you idiot!" I wasn't trying to hit him, but it did feel good. Every time I think back on this, I burst out laughing.

If time and money were not an iss	sue,
where would you travel and w	hy?

Outer space. As Apollo 14 astronaut Edgar Mitchell said, "You develop an instant global consciousness, a people orientation, an intense dissatisfaction with the state of the world, and a compulsion to do something about it. From out there on the moon, international politics look so petty. You want to grab a politician by the scruff of the neck and drag him a quarter of a million miles out and say, "Look at that, you son of a bitch.""

# When and if you ever have children,

Use your childhood to find things that you are really passionate about. Don't be stingy; what would you like to pass on to try everything that you can get your hands on. Once you have some things, do them them? more. And then some more. And then try more new things. Go to school and LEARN. Don't sit there and mess around during class. Learn about all those basic things that you have to learn in high school, then go to college and study those things that you really want to study. If you are actually passionate about them, you will LOVE learning more about them. Take many opportunities to practice whatever it is you are passionate about. What if there are no opportunities? Then make them. Start a club; find other people who are also interested in what you enjoy. Get to know them and become friends with them. Do things together. Remember, you only fail when you don't learn from the experience. Once you know enough and have done enough, find some way to do what you love for money. If it doesn't exist, then make it. The internet can pay people for doing ridiculous things. You have plenty of time in this world. Don't worry about doing too much. Worry about doing too little.



# PERSONAL BEHAVIOR HISTORY

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If yes, oz./week and type of alcohol:	Frequently - 20 oz. beer/week
Do you or any of your relatives have a history of alcoholism or alcohol abuse? If yes, relation and age affected:	No
Tobacco use: Do you smoke? If yes, #/day and for how long:	No
If you did smoke but quit, when did you last smoke?	N/A
For how many years?	0
Do you sleep well?	Yes
Do you exercise on regular basis?	Yes
ls your diet well balanced? If no, explain:	Yes
Are you a vegetarian?	No
	Yes - No milk in liquid form (slightly lactose-intolerant), cheese, yogurt, and other dairy products are okay



### SEXUAL HISTORY

_	HAVE YOU EVER HAD SEX WITH:
A partner whose sexual background you are unsure of in the past 12 months?	No
Another man anal or oral, even once, since 1977?	No



#### DONOR GENETIC HISTORY

Were you or any family members born with any birth defects? If yes, explain:	No
Have you been tested for Cystic Fibrosis? If yes, the result:	Yes - Non-carrier for the 99 mutations tested
Karyotype? If yes, the result:	Yes - Normal karyotype
Spinal Muscular Atrophy (SMA)? If yes, the result:	Non Carrier - Standard donor screening
Tay Sachs? If yes, the result:	Unknown - Donor was not tested

	ANCESTRY
Are you of Jewish ancestry? If yes, please note: Ashkenazi, Sephardi, or Other	No

IF YOU ARE OF JEWISH ANCESTRY, HAVE YOU BEEN TESTED AS A CARRIER OF ANY OF THE FOLLOWING DISEASES?

Tay Sachs: N/A If yes, result(s):

Gaucher: If yes, result(s):	
Canavan: If yes, result(s):	N/A
Fanconi Anemia Type C: If yes, result(s):	N/A
Niemann-Pick Type A: If yes, result(s):	N/A
Bloom Syndrome: If yes, result(s):	N/A
Familial Dysautonomia: If yes, result(s):	N/A
Mucolipidosis IV: If yes, result(s):	N/A
Maple Syrup Urine Disease 1B: If yes, result(s):	N/A
Usher Syndrome III & 1F: If yes, result(s):	N/A
Glycogen Storage Disease 1A: If yes, result(s):	N/A
ABCC8-Related Hyperinsulinism: If yes, result(s):	N/A
BRCA1/BRCA2: If yes, result(s):	N/A
Lipoamide Dehydrogenase Deficiency: If yes, result(s):	N/A

ANCESTRY	
Are you of African ancestry?	No
If yes, have you been tested as a carrier of sickle cell anemia?	Yes - Standard donor screening
If yes, result:	Non Carrier
Are you of Mediterranean, Greek or Italian ancestry?	No
If yes, have you been tested as a carrier of beta thalassemia?	Yes - Standard donor screening

If yes,	result:	Non	Carrie

# HAVE YOU OR ANY MEMBER OF YOUR FAMILY HAD, CURRENTLY HAVE OR BEEN DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS? IF YES, PLEASE LIST THE AFFECTED INDIVIDUAL(S), MOTHER OR FATHER'S SIDE, AGE AT ONSET, TREATMENT AND ANY OTHER PERTINENT INFORMATION.

IREATIVIE	INT AND ANY OTHER PERTINENT INFORMATION.
Heart attack	None
Congenital heart disease	None
Hemophilia/bleeding problem	None
Emphysema	None
Cystic Fibrosis	None
Alpha-1 Antitrypsin Deficiency	None
Pyloric stenosis	None
Colon cancer	N/A
Inflammatory bowel disease	None
Irritable Bowel Syndrome	None
Diabetes mellitus requiring insulin therapy	None
Diabetes mellitus not requiring insulin therapy	None
PKU or inherited metabolism disorder	None
Progressive kidney disease	None
Polycystic kidney disease	None
Miscarriages or stillborn	None
Herpes simplex virus, genital	None
Migraines	None
Mental retardation	None
Senility or mental deterioration before age 60	None
Epilepsy/seizures	None
Neural tube defects - open spine or hydrocephalus/water on the brain	None

Huntington's disease	None
Tuberous sclerosis	None
Neurofibromatosis	None
Parkinson's disease	None
Down Syndrome	None
Autism	None
Autism Spectrum Disorder	None
Pervasive Developmental Delay (PDD)	None
Asperger's Syndrome	None
Schizophrenia	None
Bipolar (manic depressive psychosis)	None
Attention Deficit Disorder (ADD)	None
Attention Deficit Hyperactivity Disorder (ADHD)	None
Muscular Dystrophy	None
Loss of muscle coordination	None
Rheumatoid Arthritis	None
Reiter's Disease	None
Club foot	None
Deafness before age of 60	None
Cataracts before age of 60	None
Blindness in both eyes before age of 60	None
Glaucoma	None
Macular Degeneration	None
Acne	Self - age 16-18 (treated with over-the-counter medication)
Psoriasis	None
Albinism	None
More than 5 purple or coffee-colored spots on the skin-1.5 cm (1/2 inch) or larger	None

Drug abuse, misuse, or addiction	None
Cleft palate or cleft lip	None
Serious birth defects	None
Inguinal hernia	None
Premature degeneration of any organ system	None
The same cancer in more than one family member	None

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# DONOR MEDICAL HISTORY

List any operations: Age & reason:	None
Hospitalization other than surgery: Age & type of illness:	N/A
Have you ever had any broken bones? If yes, please give age and description:	No
Have you ever had any serious illnesses? If yes, please give age and description:	No
How many days in the past 12 months could you not work because of all illness (colds, flu, accidents, surgery, etc)? Please describe:	0
Are you presently under a physician's care for any reason? If yes, please describe:	No
List all drugs you have taken in past 12 months (prescription, nonprescription, herbal, and sports supplements, and recreational). Include drug, frequency and duration taken, and reason:	Claritin taken once a day for 2 days to relieve minor seasonal allergy symptoms

List all current medication or treatments (include vitamins, aspirin, antacids, laxatives, herbal, sports supplements, etc.) Include drug, frequency and duration taken, and reason:	None
Do you wear glasses or contact lenses? Are you near or far-sighted?	Yes - Near-sighted
Usual weight?	131
Recent weight loss or gain? # of lbs and reason:	No
Allergies (medicines, food, pollens)? If yes, please list substance and reaction caused:	Yes - Cefaclor, pollen, and ragweed: Itchy eyes and runny nose
Have you been tested for HIV (AIDS)? If yes, when:	Yes - Negative, ongoing donor screening
Sexual orientation:	Heterosexual
Number of current sexual partners:	1
Have you ever had a tattoo? If yes, what year did you get the tattoo?	No
Have you ever had your ear(s) or body pierced? If yes, where and what year?	No



#### FAMILY MEDICAL HISTORY

See list of questions asked <u>here</u>

	YOUR MOTHER		
Current age or age at death	57		
Health Problem	Healthy		
Living / Dead	Living		



Current age or age at death	60	
Health Problem	Slight lactose intolerance since infancy, no treatment	
	Asthma, controlled with medication	55
Living / Dead	Living	

_		BROTHERS	
	Your Brother 1		
	Current age or age at death	27	
	Health Problem	Healthy	
	Living / Dead	Living	

YOUR MOTHER'S FATHER		
Current age or age at death	75	
Health Problem	Heart failure, no known cause, no treatment	75
	Cause of death: Heart failure	75
Living / Dead	Dead	

	YOUR MOTHER'S MOTHER		
Current age or age at death	81		
Health Problem	Healthy		
Living / Dead	Living		

YOUR MOTHER'S BROTHERS 1		
Current age or age at death	61	

Health Problem	Healthy	
Living / Dead	Living	

_	YOUR MOTHER'S BROTHERS 2		
Current age or age at death	55		
Health Problem	Healthy		
Living / Dead	Living		

	YOUR FATHER'S FATH	ER
Current age or age at death	78	
Health Problem	Heart failure, no known cause, no treatment	78
	Cause of death: Heart failure	78
Living / Dead	Dead	

	YOUR FATHER'S MOTHER		
Current age or age at death	82		
Health Problem	Healthy		
Living / Dead	Living		

	YOUR FATHER'S SISTERS 1		
Current age or age at death	55		
Health Problem	Healthy		
Living / Dead	Living		

Current age or age at death	52		
Health Problem	Healthy		
Living / Dead	Living		
	YOUR FATHER'S BROT	HERS 1	
	YOUR FATHER'S BROT	THERS 1	
Current age or age at death	YOUR FATHER'S BROT	HERS 1	
Current age or age at death  Health Problem		THERS 1	