

MEDICAL UPDATE LETTER FOR DONOR #10354 (GARFIELD) - 2026-09-09

Donor #10354 (Garfield) was found to be a carrier of a genetic microdeletion that may be associated with an increased risk for neurodevelopmental conditions. Additionally, the donor reports new diagnoses of ADHD and anxiety.

To Whom it May Concern,

We are writing to provide a medical update regarding Donor #10354 (Garfield).

A pregnancy conceived with Donor #10354 (Garfield) was incidentally found to have a 310kb microdeletion on chromosome 2 (2p16.3(51254810_51567535)x1) that includes exons 1-2 of the NRXN1 gene. This was identified through prenatal genetic testing using microarray analysis. The donor was subsequently tested, and it was determined that he also has the microdeletion. A copy of the result report is attached.

Of note, the aforementioned pregnancy resulted in the birth of a child who was diagnosed with a different genetic condition called Beckwith-Wiedemann syndrome. Beckwith-Wiedemann syndrome is unrelated to the 2p16.3 microdeletion. The chance for other children conceived using this donor to be affected with Beckwith-Wiedemann syndrome is not thought to be elevated over the general population chance.

2p16.3 microdeletions have been associated with a wide spectrum of neurodevelopmental disorders, which may include learning disabilities, autism spectrum disorder, intellectual disability, and/or psychiatric illness. Importantly, this microdeletion is thought to have incomplete penetrance and variable expressivity, meaning that many individuals who have a 2p16.3 microdeletion may have few or no associated features. One research study found that approximately 13% of individuals with microdeletions similar to the one found in the donor may receive a neurodevelopmental or psychiatric diagnosis. However, it is important to note that the exact size, genomic location, and specific genes encompassed by a 2p16.3 microdeletion is unique in each family. As such, the clinical significance and expected effects of an individual's specific microdeletion is difficult to predict.

The donor's microdeletion includes a portion of the NRXN1 gene. Disease-causing variants affecting both copies of NRXN1 are associated with Pitt-Hopkins-like syndrome 2, a very rare autosomal recessive neurodevelopmental condition that may include severe intellectual disability and seizure disorders. Because the donor's deletion affects only one copy of NRXN1, this finding indicates that he is a carrier for Pitt-Hopkins-like syndrome 2; carriers are not expected to develop the recessive condition. An offspring would be at risk for Pitt-Hopkins-like syndrome 2 only if the egg source also carries a disease-causing variant affecting NRXN1 and the child inherits an affected copy from both genetic parents. Pitt-Hopkins-like syndrome 2 occurs if a child inherits a non-functioning copy of the NRXN1 gene from both their egg source and their sperm source.

To date, SSB has not received any additional similar medical updates or genetic findings from other families who have used Donor #10354 (Garfield). An updated personal and family history was collected from the donor. In addition to his diagnoses of ADHD and anxiety, he reported that his sister has been diagnosed with generalized anxiety and depression. Both the donor and his sister manage these conditions with medication and behavioral therapy.

September 9, 2026



Children conceived from Donor 10354 (Garfield) have a 50% chance to have inherited the 2p16.3 microdeletion. However, the exact chance to develop a neurodevelopmental condition as the result of the microdeletion is difficult to estimate. Most neurodevelopmental conditions are thought to be multifactorial in nature, meaning they likely result from a complex combination of multiple genetic and non-genetic factors.

Next Steps for Families who have Utilized the Donor:

We encourage you to share this family history update with your child's pediatrician and/or providers involved in your fertility treatment and prenatal care, as additional discussion and/or testing may be warranted.

If Seattle Sperm Bank receives additional new medical information that would impact the risk for children of this donor, we will notify you by sending a follow-up letter. Please notify Seattle Sperm Bank of births and/or pregnancies beyond the first trimester using [SSB's birth reporting webpage](#) and notify the genetics team if your child has been diagnosed with any medical findings.

Do not hesitate to reach out if questions arise or if clarification would be helpful. You are welcome to schedule a phone consultation with one of Seattle Sperm Bank's certified genetic counselors if you would like to discuss this information over the phone.

In partnership,

A handwritten signature in black ink, appearing to read "Emily Nazar".

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