INTERNATIONAL CRYOGENICS

5/15/17	Donor Sibling Registry Member

Information given by International Cryogenics was close, but not completely correct and completely inaccurate for two supposed half-siblings who were given the same donor profile, but who DO NOT match my DNA at all.

2/27/10	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/12986

I wish all banks would do that for the donors.

Even more I wish they would tell us how many siblings our children have. I'm not looking for names (although first name would actually be nice) or other identifying information but it would be neat to know the sex and ages. If not that much why can't they tell us how many (I understand they may not know all, but of the ones they know) would be great. OR if they can't do the above (why they shouldn't be able to I don't know) they should at least be able to say when the donor started and stopped donating.

Cryogenics does none of the above.
Information given by International Cryogenics was close, but not completely correct and completely inaccurate for two supposed half-siblings who were given the same donor profile, but who DO NOT match my DNA at all.

10/1/08	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/11216

The Director from GIVF Cryobanks (Fairfax Cryobank and Cryogenic Laboratories, Inc.) has different information than we show on our clinic list (which was compiled from former clients). It's easy to see why there is so much confusion!
I have agreed to post his information, as follows:

1. The Genetics & IVF Institute's (GIVF) main office is in Fairfax, VA. GIVF no longer has offices in Ashburn, VA and Gaithersburg, MD., where clients seeking infertility treatment were seen. GIVF is made up of Divisions, that specialize in infertility, genetics, sperm sorting, cryobanking, infectious disease testing, and pre-implantation genetic testing. Certain divisions have locations in various states (TX, CA, MN, PA) and internationally (China and Mexico) however not all divisions and services are represented in those locations. Please refer to our web site for additional information regarding our products and services: www.givf.com
2. CLI is not able to confirm the statement that the same donor had previously donated at Zygen Laboratories and California Cryobank. However, if the donor number from the CLI donor in question is forwarded to CLI management they will follow up with the donor.
3. CLI has NEVER changed any donor numbers. It cannot be done. Donor numbers are written on the vials that contain the semen. Once frozen, the numbers cannot be changed without thawing the vials and then refreezing them. Such a process would render the semen unacceptable for distribution. CLI is also AATB accredited and this practice would be in direct violation of the AATB standards which require that a unique identifier be assigned to each donor.
4. CLI was acquired by GIVF from John Olson in 2002. The 2000 numbers were from donors that were recruited following the acquisition and were not from other banks. Some donors with pregnancies listed are b/c they have children of their own and have created pregnancies as their samples were used.
5. CLI, IC and Follas have NEVER used ReproTech Ltd. as a freezing facility. In fact, ReproTech Ltd. an independently owned company does not operate a freezing facility they are a storage facility only.
6. ReproTech Ltd. was located in the same building as CLI in Roseville, MN until 2007. In 2007, they moved to a new location in Minneapolis/St. Paul.
7. CLI and ReproMed Ltd. were both started by John Olson. CLI donors and ReproMed donors were shared with distribution in the US and Canada. The first ReproMed donor was donor #3000. The CLI affiliation with ReproMed Ltd. was discontinued in 1999. ReproMed Ltd. is currently independently owned and operated. There are currently no shared donors between CLI and ReproMed Ltd. ReproMed and CLI have one donor (# 3040) in common on both catalogs currently. All other donors that CLI and ReproMed had in common are sold with ReproMed.

8. CLI has and continues to distribute semen produced by some of the following banks. Supplies of these donors are limited and once they are gone, there will be no additional units available from CLI. Clients interested in future specimens on these donors will have to contact the original bank to check availability. InternationalCryogenics , Inc. (ICI), Follas Laboratories, and Park Avenue Fertility (PAF), Reproductive Resources, University of Nebraska (currently out of business), Washington Fertility Study Center (currently out of business). (NOTE: The sperm banking division of Follas Laboratories was sold to General BioTechnology LLC and is currently doing business as Genome Resources). Donors from the other banks, were/are distributed with the same donor number as the originating bank. The CLI profiles on the donors were created with information supplied by the originating banks.
9. CLI has NEVER had any donors listed on the Biogenetics donor catalogue.
10. CLI has NEVER distributed California Cryobank (CCB) donors and likewise CCB has not distributed CLI donors.
11. Fairfax Cryobank DID NOT purchase Follas Laboratories or any other bank (see above) . GIVF of which Fairfax Cryobank is a division, owns CLI. GIVF has not purchased any other cryobanks.
12. Each cryobank has its own donor numbering system. Therefore, several banks can have the same donor number on a past or current catalogue, however, they are not the same person.
13. Can Am Cryoservices, Inc. in Hamilton, ON distributes donor semen throughout Canada produced by Fairfax Cryobank and Cryogenic Laboratories, Inc. The samples are produced in the US and imported into Canada. All donors and their samples must meet strict Health Canada regulations regarding screening and infectious disease testing. Some donors are distributed both in the US and Canada at the same time. They would have the same donor number in both the US and Canada.
14. GIVF egg donor program is separate from Fairfax Cryobank sperm donor program. In addition, Fairfax Cryobank sperm donor program is separate from the CLI sperm donor program. Likewise, egg donor screening is different than sperm donor screening. All three programs are FDA registered and FDA inspected.
15. CLI NEVER had an affiliation with the University of Utah for donor sperm.

8/4/08	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/10954

A member recently wrote to ask about Fairfax Cryobank and which other clinics they have bought up or sold sperm for. Here is the information that we've collected about who shares/sells/buys sperm:
-From a member: I'm not sure if you are aware of this, but when I contacted ICI in Birmingham, MI I was told that there are two sets of donor numbers. Donors are given a number (i.e. W123) and the recipients see a different number (i.e. T456) for that same donor. I was told they do this specifically to make donation anonymous.
-Some CLI donor numbers are shared with International Cryogenics, ReproMed, Ltd. (Canada), Reproductive Resources, Follas, and University of Nebraska. CLI started out as Genetic Laboratories in 1970 and was the first private sperm bank in the U.S. (founded by John Olson). It changed to Cryogenic Laboratories in 1976. Archives mention that they were able to freeze sperm in the 70's. A former donor remembers seeing pins stuck in a map with the locations of where the sperm was shipped back in the early days, and the pins were all over the map, thoughout the whole U.S. and maybe more. Even Alaska. In March of 2002, CLI was bought out by Genetics & IVF Institute Family of Cryobanks, the owners of Fairfax Cryobank, but it still has its own facility.
-Michigan Infertility Center has Dr. Willis Stephens (also medical director for International Cryogenics Sperm Bank). Located in downtown Birmingham across from the Townsend Hotel and just minutes from William Beaumont Hospital in Royal Oak. Dr. Stephens is also on staff at the William Beaumont Hospital.

3/13/08	Email to Wendy Kramer

In response to message 10243, below:
Thanks for the info!!! Though I can't say that I am surprised. My daughter's pediatrician was concerned about some possible health issues that could be hereditary and don't run on my side. I called them about these things and they were very reluctant to give me any information that wasn't on the sheet that I had.
I have also found when I have contacted them they aren't very helpful! After my first daughter was born (2001) I called to discuss purchasing more specimens of the same donor for more children. The person that I talked to asked how many children I would like. I responded that I would like three and was told that I was being selfish!!! This particular donor had already been taken out of the general pool and was only available for those of us that wanted to use him again...

3/12/08	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/10243

From a member:
I'm not sure if you are aware of this, but when I contacted ICI in Birmingham, MI I was told that there are two sets of donor numbers. Donors are given a number (i.e. W123) and the recipients see a different number (i.e. T456) for that same donor. I was told they do this specifically to make donation anonymous.

2/6/08	http://health.groups.yahoo.com/group/DSR_Discussion/message/4401

I just want to correct one thing that I said. We do know that the CCB actually commit fraud since litigation uncovered evidence of their fraud regarding cover-up of donor 276 kidney disease in the Johnson case. We also know that International Cryogenics (the Michigan Spermbank) could not succeed in contacting their donor who transmitted the very serious blood disorder to half his known offspring. Such inability to trace a donor who stopped donating merely year before (when I can find anyone via Google in thirty seconds) indicates a probable fake identity. Sure enough after exposure of this very serious incident (last year) International Cryogenics stated that it would start collecting identity information from its donors.

Please ask yourself the question - how much risk is this incompetence placing us in? We should be pushing the FDA for much more rigorous record keeping and vetting. Surely if anything crops us with our kids we need our spermbanks to be able to trace the donor.

> Although I'm really only privy to the NECC's drastic shortcomings I
> have no reason to believe other spermbanks operate more competently

11/11/07	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/9197

Remember the case of the five small babies last year in Michigan who were all being treated by the same doctor for an extremely rare blood disorder that normally occurs once in 5 million births. Well, the sperm bank International Cryogenics said that they could not trace the donor because he had moved and they did not have his current telephone number (funny how it takes me only ten seconds on Google to find anyone I want) and then they said that they could not test any of his samples because he hadn't given consent for genetic testing only to make babies with them. Then they claimed that the genetic disorders in the kids were caused either by a chimerism or gonodal mosaicism.

I've been doing research and I think that the chances of him being a chimera are around 5,000,000/1 and the chances of five babies being born all with the same genetic mutation out of the billions of sperm that he creates are less than 1,000,000,000/1.

I think the more likely probability is that he had the disorder of severe congenital neutropenia and passed it down to his offspring and that he just chose not to disclose his illness.

Then add in the case of CCB's deceit in the case of the Johnson's when they edited out the donor's kidney disease and Fairfax's dishonesty about the health of donor 1084 as well as many other cases about different sperm banks.

This case raises the issue of the spermbanks disregard of their duty to properly screen for health and the issue of a sperm donors right to safeguard his medical confidentiality when he chooses to donate.

NECC, the spermbank that I used to conceive my children seem to strongly believe that their sperm donors do not have a duty of full medical disclosure and they are defending my sperm donor's right to medical privacy to the extent of fighting protracted and expensive litigation in the courts.

With the big spermbanks putting at risk our children's health there is absolutely dire and urgent need for FDA regulation. The spermbanks have demonstrated conclusively that they are incapable of self-regulating themselves in a way that protects the health of the children they are helping to create and ultimately the health of the nation.

We must put pressure on our legislators to urgently address this terrible problem and put in place tough and mandatory regulation.

10/25/07	Email to Wendy Kramer

I purchased sperm from ICI of Birmingham, Michigan. I was happy with the Bank every step of the way and they have been happy and friendly with some post-purchasing questions I have had. I have a gorgeous, extremely intelligent son and would highly recommend this bank. I also have several friends who have conceived through them and they are happy and satisfied as well.

5/28/07	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/8546

International Cryogenics was the bank responsible for the transmission of a severe immune disorder through donor F###. Their behavior as this came to light through the careful medical work of U. of M. pediatricians was not exemplary. They pretended not to be able to find or get in contact with the donor, despite having his full name, social security number, and recent addresses. They refused to submit vials of his semen for further genetic testing and verification. Then they incinerated the vials that they possessed (sort of like burning the incriminating evidence.) In their defense, this genetic defect would not have been one that they could have been expected to screen for in generally healthy donors.

However, they committed all of the other sins common to sperm banks in general. They did not monitor the health of offspring. Had they done this, they would have prevented at least half of the birth defects, as the children were being hospitalized at a few months of age with extremely low white blood cell counts and pneumonia. They did not notify the donor. They did not notify the parents. They just reacted in a paranoid and defensive way when the tragedy was sleuthed out by others.

10/10/06	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/8028

This is the link to the FDA site which includes warning letters sent to companies. There is a warning letter for IVF Michigan, that might be of interest to those that have used that facility.

www.fda.gov/foi/warning.htm

Type in IVF Michigan or any other clinic in the search. The data base has many search features.

7/19/06	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/7595

I did just a little research as to how sperm banks have actually reacted in the past when informed either by a donor or by a physician that there may be genetic defects in their frozen sample vials. I think many of the women posting on this site already know how they react to concerns raised by Moms - it's a mixture of denial, prevarication, and general indifference.

In both the Dutch cerebellar ataxia (ADCA) case (donor informed bank) and the Michigan immunodeficiency (SCN) case (physician informed bank) the first response by the bank was to destroy (incinerate) the remaining vials. In both cases, this significantly hampered physicians from pinpointing the source and time of the mutation event. It appears to be classic destruction of evidence; the implied rationale of the banks seems to be, "We're so sloppy around here that we can't be trusted not to inseminate people with this unless we destroy it."

In the Michigan case, the donor was never found or notified; in the Dutch case, the bank thought about it for 3 years and then notified the remaining recipient families and offered them counseling. So...the record of the sperm banks falls far short of anything that might be confused with the ethical practice of medicine.

5/20/06	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/7286

Article in the Detroit Free Press:

An anonymous man who donated sperm to International Cryogenics of Birmingham, Michigan's only major sperm bank, passed on a rare and potentially deadly disease to five Michigan children.

The case, the subject of a an article in the May issue of the Journal of Pediatrics, illustrates some of the ethical dilemmas associated with anonymous sperm donation.

Four years ago, Dr. Laurence Boxer, a blood specialist at the University of Michigan, traced the disease to the Birmingham bank after five children from four families were referred to him for

treatment of severe congenital neutropenia, in which extremely low white blood cell counts allow serious infections to take root.

The families told Boxer the children were conceived from the sperm of donor F827 purchased at International Cryogenics.

Some of the five children came from sets of twins. In two of those sets, one sibling inherited the disease and the other did not, Boxer said.

Brown said Friday she did not inform other families who used the donor about the genetic defect because "it wouldn't have changed the outcome. They either have it early on or they don't have it."

Brown said the condition likely would have been diagnosed by the other children's doctors, regardless of whether she informed their families. Besides, she said, the Seattle testing ruled out the donor as a carrier of the disease.

But Dr. David Dale, the Seattle blood specialist, said the tests were never completed because they couldn't secure the donor's consent. But based on tests of the mothers and children, both Dale and Boxer said they have no doubt donor F827 passed on the disease.

Brown said four other families who used the donor and had healthy children called to ask for more of his sperm to have additional children. She told them the donor was no longer available, but did not say why.

Brown said she is "now rethinking what we're going to do."

5/20/06 Full article: http://abcnews.go.com/WNT/story?id=1982801&page=1

Sperm Donor Gives Rare Genetic Disease to Kids – story on ABC News

5/20/06 http://health.groups.yahoo.com/group/DSR_Discussion/message/2044

I was watching the show this morning, Saturday 5/20, and caught the segment where Campbell Brown interviewed both the doctor treating the kids who discovered they all shared a common donor and the local NYC reproductive endocrinologist for basic DI screening issues.

What struck me was while the question was asked of the Michigan doctor whether the cryobank tried to contact the sperm donor to notify him of the issue of the bad gene he is carrying there was no followup discussion that having not found this donor that he has the ability to donate again at another clinic passing this disease to other kids.

It seems to me that the followup question not asked was the more important as it highlights a regulatory problem in this country with the donor sperm industry. Yes it is true the sperm banks only screen for so many diseases (another issue unto itself) but if something is confirmed as a problem with a former donor that there should be some form of central registry that other sperm banks are required to check before taking in new donors as a double check for them.

5/19/06 http://health.groups.yahoo.com/group/DSR_Discussion/message/2035

There are two ways in which this is different from the risk in ordinary reproduction. (Note that someone commented in the New York Times article that this can happen to any Dad). It is different because (1) in ordinary reproduction between coupled folks, couples discover the disease in the first child typically before a second, third, fourth or fifth, umpteenth is born.

Statistics show that couples who have a severely ill or handicapped child are less likely than couples who have a helathy child to go on to have a second child. In the case of having a child with this condition, very few couples would choose to have a second child.

It is also different from ordinary reproduction because (2) a group of physicians and other health care professionals are involved in obtaining the genetically abnormal sperm from the man and providing it to multiple females. These physicians and other health care professionals (like myself -- I am a psychologist) have ethical obligations which include an obligation to avoid causing suffering, pain, or disease if possible. The question to be asked of medical professionals involved in the use of donated gametes (both sperm and eggs) is whether they are doing all that is reasonable to prevent pain and suffering in their patients. I am not a geneticist, nor a physician, so I do not know whether it would be "reasonable" to test all donated gametes for rare genetic disorders that are (due to mosaicism) not present in the donor but only in his sperm (or perhaps in some other cells in his body, but not enough to cause disease). At the time that these donations were made, was a genetic test for this particular condition even available? Certainly, any physician who gave a woman this sperm or inseminated a woman with this sperm has, unknowingly and accidentally, through no fault of his or her own, cause that woman, who was his patient, immeasurable pain and suffering. Certainly these physicians did not intend that outcome, and certainly they did everything reasonable to prevent such an outcome. However, if this gentleman’s sperm had been kept on ice until the first child was born, and the sperm bank got complete medical info from the pediatrician for every child born from donor sperm, there would not have been four additional children born with this condition, in this case.

5/19/06	http://health.groups.yahoo.com/group/DSR_Discussion/message/2034

There is an article in today's issue of the Journal of Pediatrics. The authors are from here at Michigan, and they have detected a disease cluster of 5 severe congenital neutropenia cases linked back to a donor. (It wasn't me!!) These kids are really sick - they require $200 worth of neupogen per day just to stay alive, and will likely develop leukemia eventually. Do the math - $200 x 5 x 365 x 21. It will cost $7,655,000 just for this one medication to keep these children clinging to life till they're 21. Probably a bit cheaper to just test the donor - don't you think??
This is bad - it's the beginning of the end for the sperm banks. Some will get sued, some will just close up and run, some will jack up their fees and try to put a good face on tightening up their screening while they actually do as little as possible. It could be devastating for the women who need donor insemination...

3/6/06	http://health.groups.yahoo.com/group/DonorSiblingRegistry/message/6285

When I was going through the archives I found CLI from MN and International Cryogenics from MI donors that were on both. CLI and ReproMed Ltd. (Canada) also had the same donors listed. Follas, International Cryogenics, and CLI had some in common, although I figured out these were the ones with letters in front of the donor number CLI usually does not have the letter, I don't think, Follas has F in front of theirs, International Cryogenics uses letters in front of theirs). The connection they all seemed to have was that they all used ReproTech, a freezing place that opened in 1990 that is located at the same address as CLI in MN and is affiliated with them. These entries have all been using the same donor number and are easy to cross-reference at the different labs, the problem would be if the labs would start changing the numbers. Fairfax has on its website a place to click to go to its affiliate (CLI) for more donors, and the same is true about CLI having a link to Fairfax.