

**XYTEX SEMEN/TESTICULAR TISSUE SERVICES
RELEASE TO TRANSFER FORM**

1. I, _____, authorize the shipment and transfer of my
(Please print name)

frozen semen/testicular samples which are in storage at _____
(name of storage facility)

(Address of present storage facility)

to Xytex Tissue Services (XTS) c/o Xytex Corporation 1100 Emmett Street, Augusta, GA, 30904 for continued storage. I agree to pay all costs of transfer and annual storage fees of _____ to XTS. I understand that I bear the risk of damage or loss of my samples during shipment.

2. XTS recommends that a Post-Thaw Analysis be performed on at least one of my ejaculates, upon receipt at XTS, to determine current sample motility. I understand and accept that this test will result in the loss of one unit that will not be useful for future inseminations. I will receive a report from XTS describing the count and motility of that tested sample. If I choose not to authorize a Post-Thaw Analysis will be subject to the terms and conditions of the Storage Agreement described below.

Please check the appropriate box, then initial:

☐ I authorize a Post-Thaw Analysis. _____ (Your initials)

☐ I do not authorize a Post-Thaw Analysis _____ (your initials)

3. I acknowledge that XTS' storage, handling, and disposition of my semen/testicular samples will be governed by the terms and conditions of the Semen/Testicular Storage Agreement, between XTS and me, dated the date of this Release (the "Storage Agreement"). I understand that XTS does not guarantee future motility (survival) or fertility ability of my sperm cells.

Dated this _____ day of _____, _____

Client Depositor / Transferor:

Witness:

(Signature)

(Signature)

Name _____

Name _____

Address _____

Phone _____