XYTEX TISSUE STORAGE
RELEASE TO TRANSFER FOR
OVARIAN/FROZEN EGG TISSUE

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

    frozen egg/ovarian tissue 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. I acknowledge that XTS' storage, handling, and disposition of my frozen samples will be governed by the terms and conditions of the "OVARIAN TISSUE/FROZEN EGG TISSUE STORAGE AGREEMENT", between XTS and me, dated the date of this Release. I understand that XTS does not guarantee future fertility ability of my Ovarian Tissue/ Frozen Egg tissue.

    Dated this _____ day of _____ , _____

    Client Depositor / Transferor: **Witness:**

    _____   _____
    (Signature)   (Signature)

    Name_____   Name _____

    Address _____

    _____

    Phone _____

Updated: 1/25/2009
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