

**Xytex Corporation**

**AUTHORIZATION FOR SHIPMENT TO ALTERNATE LOCATION**

Xytex dispenses cryopreserved semen only on the order of a licensed physician. Customarily, semen is shipped to a physician's office. However, Xytex understands that shipment to an alternate location may be desirable in certain circumstances, such as delivery on weekends or after business hours. Shipment to a location other than the ordering physician's office requires a written request by the patient and the ordering physician's authorization.

Xytex does not provide instructions or supplies for insemination. Handling of cryopreserved semen by untrained persons may result in injury, decreased viability of the semen, a lower likelihood of conception, and an increased risk of infection or other complications. Xytex cannot guarantee the quality of cryopreserved semen shipped to a location other than the office of the ordering physician.

Laws regarding artificial insemination vary from state to state and change periodically. Some states specifically prohibit insemination by any person other than a licensed physician. Some states require the written consent of the husband, obtained by the inseminating physician, in order to recognize the husband as the natural father of the resulting child(ren). Some states require an affidavit from the inseminating physician and proof of the source of the semen (i.e., donor semen) as part of the process of second parent adoption. Xytex recommends that patients and physicians become familiar with the laws of their states prior to artificial insemination.

---

**PATIENT ACKNOWLEDGEMENT AND REQUEST**

I, \_\_\_\_\_, have read and understand the information provided above and request that Xytex ship cryopreserved semen to my attention at the address listed below. I understand that the semen is for my sole use and that Xytex will confirm my physician's authorization.

\_\_\_\_\_  
Street

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Date

---

**PHYSICIAN ORDER AND AUTHORIZATION**

I, \_\_\_\_\_, authorize Xytex to ship cryopreserved semen to my patient at the above address. I am licensed by the state listed above, and insemination will be performed under my supervision according the laws of that state. This order is valid for one (1) year but may be cancelled upon submission of a written request.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date