

Xytex Corporation
Photomatching Service

Please complete this form (please print)

Name: _____ Phone: _____

Address: _____

Email address: _____

Thank you for your interest in Xytex's PhotoMatching Service. The following information, along with photos, will help us provide you with 2-4 donors who meet most of your criteria. Xytex Corporation cannot make your donor decision for you. This photomatching service is to provide suggestions based on photos and information that you have provided Xytex.

Blood type is medically important only to recipients who are Rh negative. Any questions about donor blood type selection should be discussed with your physician.

The following information will help Xytex determine sample availability:

Physician/Clinic Name: _____ Phone: _____

Physician Address: _____

Type of Units required: Washed ____ (IUI) Unwashed ____ (ICI) ART ____ (IVF)

Please enclose \$100.00 payment in U.S. funds with this form
(This fee is for our photomatching service and includes an enhanced profile of the selected donor)

Select one: Visa ____ Master Card ____ Discover ____ American Express ____

Name on Card: _____ Expiration Date: _____

Credit Card No.: _____ Security Code (3-digit code on back of card): _____

Billing address associated with card: _____

Certified Check or Money order No.: _____

Send this form to:

Xytex Corporation
ATTN: Mary Hartley
1776 Peachtree Street, NE
Suite 175
Atlanta, GA 30309

or

email to: mhartley@xytex.com

Please provide the following information using information that the donor should resemble. Also, please rate the importance of that particular trait: (1 = very important, 5 = least important).

Ethnic Group: _____ Rating: _____

Eye Color: _____ Rating: _____

Hair Color / Texture: _____/_____ Rating: _____

Height: _____ Weight: _____ Rating: _____

Body Build (small medium, large, very large): _____ Rating: _____

Skin Tone: _____ Rating: _____

Blood Type: _____ Rating: _____

Occupation: _____ Rating: _____

Additional info/special skills: _____ Rating: _____

Recipient's (your) Information

Ethnic Group: _____ Rating: _____

Eye Color: _____ Rating: _____

Hair Color / Texture: _____/_____ Rating: _____

Height: _____ Weight: _____ Rating: _____

Body Build (small medium, large, very large): _____ Rating: _____

Skin Tone: _____ Rating: _____

Blood Type: _____ Rating: _____

Please include any other information that you would like Xytex to consider in the selection process: _____

Thank you again for your assistance. Please give Xytex 10-14 days to respond to your request and we will return your photos.