

**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 or personal pickup of shipper from Xytex headquarters 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.

For Xytex Use Only: Patient Account #: _____ Doctor Account #: _____
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**PATIENT ACKNOWLEDGEMENT AND REQUEST**

I, \_\_\_\_\_ have read and understand the information provided above. I understand that the semen is for my sole use and that Xytex will confirm my physician's authorization. I request that Xytex: (Check one)

- Ship cryopreserved semen to my attention at the address listed below
- Prepare shipment for pickup from Xytex headquarters.

1-Ship to Street Address	2-Ship to Street Address <i>(if applicable)</i>	Patient Signature
1-City, State, and Zip Code	2-City, State, and Zip Code <i>(if applicable)</i>	Date
Patient Phone Number		

**PHYSICIAN ORDER AND AUTHORIZATION**

I, \_\_\_\_\_, request sperm from the Donor chosen by my Patient, \_\_\_\_\_, be shipped to the address above for her use in assisted conception. I am familiar with and abide by the laws governing artificial insemination in my state. I have discussed these regulations with my patient. This order is valid for one (1) year but may be cancelled upon submission of a written request.

Physician Street Address	Physician Signature
City, State, and Zip Code	Date
Medical License Number	Physician Phone Number