



Client Acknowledgment of Xytex Tissue Storage (XTS) Directed Donor Program

I acknowledge an XTS representative has advised me of the following prior to proceeding with the program:

(Please initial each statement)

_____ I understand the directed donor samples are intended for the use of only one designated recipient(or recipient couple).

_____ I understand my donor may be contacted at any time by a Xytex representative with the contact information I have provided for him.

_____ Processing fees are nonrefundable.

_____ It is recommended my donor has a semen analysis before starting the program.

_____ I was advised to seek legal counsel to place in writing the intentions of myself(recipient) and my directed donor. This includes future custody and support issues.

_____ I was advised of the 6 months quarantine period requirement.

_____ I understand the units will not be released if the donor does not complete clearance blood work after the quarantine period.

_____ I was advised I should be aware of the laws regarding directed donor insemination in my state including additional testing requirements.

_____ I understand Xytex Tissue storage does not normally perform genetic testing and any additional tests required will be charged additional fees.

Please fax this completed form to: 706 736 9720 attention, Angela. The directed donor processing packet will not be mailed to the donor until this form is received.

Printed Name of Directed Donor

Printed Name of Recipient

Signature of Directed Donor

Signature of Recipient

Date

Date

Phone number