

**XYTEX TISSUE SERVICES, INC.
RELEASE TO TRANSFER FORM**

1. We, _____, authorize the shipment and transfer
(Please print names)

of our frozen embryos which are currently stored at _____

_____ (the “**Current Facility**”) to Xytex Tissue Services, Inc. (“**XTS**”) for further storage. We agree to pay all costs of shipping our frozen embryos to XTS. We understand that we bear the risk of any damage or loss to the embryos during shipment.

2. We acknowledge that shipment of our embryos involves certain inherent risks, including:

- ◆ loss or misdelivery of the shipping container or dewar and its contents; and
- ◆ damage to or destruction of the shipping container or dewar and its contents.

3. We acknowledge that XTS does not provide insurance for embryos while in transit, and that we have had the opportunity to arrange for any private insurance we deem appropriate.

4. We jointly authorize the Current Facility and any physician or other medical provider to release to XTS copies of all medical records pertaining to either of us or the embryos, including copies of any screening and lab testing results.

5. We acknowledge that XTS’ storage, handling and disposition of our frozen embryos will be governed solely by the terms and conditions of the Embryo Storage Agreement, among XTS and each of us, (the “**Storage Agreement**”). We understand that XTS does not guarantee the quality or future viability of our embryos or their suitability for implantation.

6. We acknowledge that XTS did not participate in the fertilization or cryopreservation of our embryos, in the manufacture or selection of the storage media used, or in the storage or shipment of our embryos prior to delivery to XTS. Accordingly, XTS is not responsible for any damage to or defect in any storage media or embryo arising prior to their delivery to XTS, including as a result of the fertilization or cryopreservation processes.

[Signatures on Following Page]

[Signature Page to Release to Transfer Form]

Dated this ____ day of _____, ____.

Transferor – Husband or Partner 1

 Name: _____
 Address: _____

 Phone: _____
 SSN: _____

Notary:

Signed and sealed in my presence this ____ day
 of _____, ____.

 Notary

[Notarial Seal]

Transferor – Wife or Partner 2

 Name: _____
 Address: _____

 Phone: _____
 SSN: _____

Notary:

Signed and sealed in my presence this ____ day
 of _____, ____.

 Notary

[Notarial Seal]

Determination of contributors to creation of embryos: place X in a box for egg provide and in a box for sperm provider.

EGGS PROVIDER BY		SPERM PROVIDED BY	
Client listed above		Client listed above	
Commercial egg donor		Commercial sperm donor	
Directed donor for eggs		Directed donor for sperm	