



Dear Tissue Bank Director:

Attached below is your tissue bank license.
Your license is void after the expiration date.

NOTE: Applications for renewal of license must be filed with the department **not less than 30 days** prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

FAIRFAX CRYOBANK, INC - AUSTIN
3015 WILLIAMS DR STE 110
ATTN: STEPHEN POOL
FAIRFAX VA 22031-4623

FORFEITURE OF LICENSE

A Tissue Bank license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:
(1) The tissue bank is sold or otherwise transferred.
(2) The license is surrendered to the state department.

QUESTIONS AND INFORMATION:

If you have any questions, please write to:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Tissue Bank Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Internet Address: www.cdph.ca.gov/LFS
Thank you for your cooperation.

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STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

TISSUE BANK LICENSE

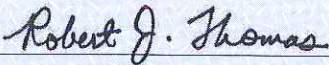
In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.

FAIRFAX CRYOBANK, INC - AUSTIN
1305 WEST 34TH ST. STE210
AUSTIN TX 78705

OWNER(S):
FAIRFAX CRYOBANK, INC
GENETICS & IVF INSTITUTE, INC

DIRECTOR(S):
STEPHEN H. POOL PHD

TISSUE BANK ID Number: CTB 00080681
Issuance Date: May 7, 2019
Expiration Date: May 5, 2020


Robert J. Thomas, Acting Branch Chief
Laboratory Field Services