



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 - PASADENA
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 - PASADENA
65 N. MADISON AVE. STE 610
PASADENA CA 91101

OWNER(S):

FAIRFAX CRYOBANK, INC
GENETICS & IVF INSTITUTE, INC

DIRECTOR(S):

STEPHEN POOL PHD

TISSUE BANK ID Number: CTB 00080421

Issuance Date: August 24, 2019

Expiration Date: August 22, 2020

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services