



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: SARA KRANER  
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, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403

Internet Address: [www.cdph.ca.gov/LFS](http://www.cdph.ca.gov/LFS)  
Thank you for your cooperation.

TB 100 TBLIC (4-16)

Tear Here

Tear Here

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):**

JOEY MANHEIN

**TISSUE BANK ID Number: CTB 00080681**

**Issuance Date: May 6, 2023**

**Expiration Date: May 4, 2024**

*Robert J. Thomas*

Robert J. Thomas, Acting Branch Chief  
Laboratory Field Services