Dear Tissue Bank:
Attached below is your tissue bank license.
Your license is void after the expiration date.

NOTE: Application 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)

UCDMC HEMATOPOETIC PROGENITOR CELL LABORATORY
4501 “X” STREET SUITE 3016
SACRAMENTO, CA 95817

ATTN: CAROL M. RICHMAN, MD.

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:

STATE OF CALIFORNIA
DEPT. OF PUBLIC HEALTH
Laboratory Field Services
850 Marina Bay Parkway, Bldg P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

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 operation of a tissue bank at the indicated address:

UCDHS HEMATOPOETIC PROGENITOR CELL LABORATORY
4501 “X” ST. ROOM 1011, CANCER CENTER
SACRAMENTO, CA 95817

Owner(s) Name: UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER
Address: 4501 “X” STREET ROOM 1011 CANCER CENTER
City, State, Zip: SACRAMENTO CA 95817
TISSUE BANK ID NUMBER: CNC 80522
Issuance Date: JULY 03, 2013
Expiration Date: JULY 02, 2014

Tissue Bank Director: CAROL M. RICHMAN, MD

Ronald Harkey, Chief, Tissue Bank Licensing Section
Laboratory Field Services