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)

UCDMC HEMATOPOIETIC PROGENITOR CELL LAB
4501 X ST STE 3016
ATTN: CAROL RICHMAN, MD
SACRAMENTO CA 95817-2229

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.cdpn.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.

UCDMC HEMATOPOIETIC PROGENITOR CELL LAB
4501 X ST., ROOM 1011, CANCER CTR.
SACRAMENTO CA 95817

OWNER(S):
REGENTS OF THE UNIVERSITY OF CALIFORNIA

DIRECTOR(S):
CAROL RICHMAN MD

TISSUE BANK ID Number: CTB 00080522
Issuance Date: July 3, 2019
Expiration Date: July 1, 2020

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services