State of California—Health and Human Services Agency

California Dept. of Public Health
Laboratory Field Services
850 Marina Bay Parkway
Bldg. P, 1st Floor
Richmond, CA94804-6403

TISSUE BANK LICENSE - RENEWAL APPLICATION
Division 2, Chapter 4.1, California Health and Safety Code

Our records show that the provisional tissue bank license for:

ID number: .

Name: .

Address: .

City, state, and ZIP code: .

Expires on: .

INSTRUCTIONS
To renew the provisional tissue bank license, complete this form and the Tissue Bank Personnel Report (LAB 169). Return both with the current fee. (No fee is required of district, city, county, or state facilities.) Make check payable to: State of California Tissue Bank Fund.

SEND TO: California Department of Public Health
Laboratory Field Services
850 Marina Bay Parkway, Bldg. P, 1st Floor
Richmond, CA 94804-6403

	Yes	No
1. Has there been a change in the name, ownership, director(s), and/or location of this tissue bank? If yes, state changes on the reverse of this form.	❒	❒
2. Has there been a change in the type of tissue(s) collected, processed, stored, or distributed by the tissue bank? If yes, state changes on the reverse of this form.	❒	❒
3. Has there been a change in any of the processes utilized by the tissue bank (1) to ensure safe preservation, transportation, storage, and handling of tissue acquired or used by the tissue bank, (2) to determine if donors have been tested or assessed for the transmission of disease through transplantation, or (3) to determine, when appropriate, if donors have been tested to determine compatibility? If yes, state changes on the reverse of this form or on a separate page.	❒	❒

USE REVERSE SIDE FOR CHANGES

NOTE: Chapter 4.1, Section 1639.3(c) of the California Health and Safety Code, states in part, “Failure to pay the additional annual fee shall result by operations of law, in automatic expiration of the provisional license one year from the date of its original issuance. If the provisional license does so expire, the applicant may not continue to operate a tissue bank pending the department’s determination of whether a license shall be granted or denied.”

This statement to be signed by owner or person legally authorized to bind the owner.

I declare under penalty of perjury that the foregoing statements are true and correct.

Signature	Title

Signed this day of _____, in _____ (city), _____ (state).

COMPLETE THIS SIDE ONLY IF CHANGE HAS OCCURRED

Effective date of change: _____

1. Name of tissue bank | Telephone number ( )

Address (number, street) | City | ZIP code

Check type of ownership

- ❒ **Individual**—If an individual owns the tissue bank, give name and address of the individual.
- ❒ **Partnership or unincorporated association**—If partnership or unincorporated association (whether general or limited), give names of all the members of the partnership or association.
- ❒ **Corporation—**If a corporation owns the tissue bank, state the name of the officers, directors, shareholders holding a five percent or more interest in the corporation, and any person, partnership, or corporation who or which has the responsibility to manage or conduct the day-to-day operation of the tissue bank. (Use supplementary sheet if necessary.)

Exact Name of Owner	Address—(Location where any fictitious permit is filed)

Name(s) of Director(s) of Tissue Bank	Address	Hours per week to be spent in this facility

2. List type of tissue(s) collected, processed, stored, or distributed by the tissue bank.

Living Donors	Deceased Donors

3. Describe or attach description of any process utilized by the tissue bank (1) to ensure safe preservation, transportation, storage, and handling of tissue acquired or used by the tissue bank, (2) to determine if donors have been tested or assessed for the transmission of disease through transplantation, or (3) to determine when appropriate, if donors have been tested to determine compatibility.