



### Operations Affirmation Letter

Dear Tissue Bank Director,

We need to ensure we have the most current and accurate information in our tissue bank database. Please specify the tissue bank operations that are performed under your tissue bank license and return this completed document with your renewal application.

- Donor qualification
- Tissue collection / recovery (This would also include skull flap collection)
- Tissue processing (This would also include skull flap cleaning)
- Tissue storage (Please circle all storage temperatures in use)  
Room Temp   Refrigerator   Freezer (Median temp:     )   Liquid Nitrogen
- Tissue distribution (This would include transfer of tissue as well as sale)

As the tissue bank director of \_\_\_\_\_  
(Name of Tissue Bank)

Tissue Bank License Number: CNC \_\_\_\_\_

I affirm this information is correct.

Signed: \_\_\_\_\_  
(Tissue Bank Director)

Printed: \_\_\_\_\_  
(Tissue Bank Director)

Sincerely,

CDPH / Laboratory Field Services  
Tissue Bank Licensing Section  
850 Marina Bay Parkway, Bldg. P, 1st Floor  
Richmond, CA 94804-6403  
[LFSTissue@cdph.ca.gov](mailto:LFSTissue@cdph.ca.gov)