



## Operations Affirmation Letter

Dear Tissue Bank Director,

To ensure we have the most current and accurate information for your tissue bank, please complete this affirmation letter and return it with your application packet.

Sincerely,

CDPH / Laboratory Field Services  
Tissue Bank Licensing Program  
[LFSTissue@cdph.ca.gov](mailto:LFSTissue@cdph.ca.gov)

**Tissue bank operations performed under my tissue bank license include:**

Control of all operations as IND Sponsor: IND Number: \_\_\_\_\_

Donor qualification

Tissue collection / recovery (*This operation includes skull flap collection*)

Tissue processing (*This operation includes skull flap cleaning or sperm washing*)

Tissue distribution (*This operation includes transfer of tissue as well as sale*)

Tissue storage at my facility:

Room Temperature

Refrigerator (Temperature: \_\_\_\_\_ °F / °C)

Freezer (Temperature: \_\_\_\_\_ °F / °C)

Liquid Nitrogen

**As the tissue bank director of:**

Tissue Bank Name:

Tissue Bank License Number:

**I affirm this information is correct.**

(Signature of Tissue Bank Director)

(Printed Name)

(Date)

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