California Dept. of Public Health
Laboratory Field Services
Att: Tissue Bank
850 Marina Bay Parkway
Bldg. P, 1st Floor
Richmond, CA 94804-6403

TISSUE BANK PERSONNEL REPORT

Name of tissue bank	Telephone number ( )	FAX number ( )	Date
Address(es) (number, street)—*Required*		City	ZIP code
(Number, street)		City	ZIP code

List names, titles, and qualifications of persons responsible for collection, processing, storage, or distribution of tissue by the tissue bank. Attach C V or resume for initial application or new personnel.

LAST NAME	FIRST NAME AND MIDDLE INITIAL	QUALIFICATIONS (INCLUDE TITLES, IF ANY)	DAYS/HOURS WORKED