



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)

DONOR NETWORK OF ARIZONA
201 W COOLIDGE ST
ATTN: DAN MEYER
PHOENIX AZ 85013-2710

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.cdph.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.

**DONOR NETWORK OF ARIZONA
201 WEST COOLIDGE
PHOENIX AZ 85013**

OWNER(S):
DONOR NETWORK OF ARIZONA

DIRECTOR(S):
ALAN TAYLOR

TISSUE BANK ID Number: CTB 00080341

Issuance Date: April 17, 2018

Expiration Date: April 16, 2019

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services