

# DEPARTMENT OF PUBLIC HEALTH

850 Marina Bay Parkway, Bldg P, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403  
(510) 620-3800



Dear Tissue Bank:  
Attached below is your tissue bank license.  
Your license is void after the expiration date.

NOTE: Application 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)

### 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.

**NEW ENGLAND CRYOGENIC CENTER, INC**  
**500 DONALD J. LYNCH BLVD**  
**MARLBOROUGH, MA 01752**

**ATTN: BRAD BLANEY**

### QUESTIONS AND INFORMATION:

If you have any questions, please write to:

STATE OF CALIFORNIA  
DEPT. OF PUBLIC HEALTH  
Laboratory Field Services  
850 Marina Bay Parkway, Bldg P, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403

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 operation of a tissue bank at the indicated address

**NEW ENGLAND CRYOGENIC CENTER INC**  
**500 DONALD J. LYNCH BLVD**  
**MARLBOROUGH, MA 01752**

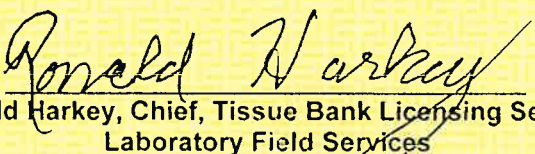
Owner(s) Name: **NEW ENGLAND CRYOGENIC CTR, INC**  
**CATHERINE R. RIZZA, et al**  
Address: **500 DONALD J. LYNCH BLVD**  
City, State, Zip: **MARLBOROUGH, MA 01752**

Tissue Bank Director:  
**GRACE M. CENTOLA, PhD**

TISSUE BANK ID NUMBER: **CNC 80400**

Issuance Date: **DECEMBER 31, 2016**

Expiration Date: **DECEMBER 30, 2017**

  
Ronald Harkey, Chief, Tissue Bank Licensing Section  
Laboratory Field Services