

# NEW YORK STATE DEPARTMENT OF HEALTH

## LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: GA077*

**Tissue Bank Director:**

**Grace M. Centola, Ph.D., H.L.C.D.**

**Medical Director:**

**Cigdem Tanrikut, M.D.**

**New England Cryogenic Center, Inc.**

**188 Needham Street, Suite 230**

**Newton, MA 02464**

is hereby **APPROVED** as a Tissue Bank for the following categories of service:

**Comprehensive Tissue Procurement Service**

**Tissue Processing Facility**

**Semen from donors and client-depositors**

**Testicular biopsies and epididymal aspirates from client-depositors**

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**Testicular biopsies and epididymal aspirates from client-depositors**

**Issued: January 6, 2017**

**Expires: February 1, 2021**

**Owner: New England Cryogenic Center, Inc.**

DOH-3908 (04/2001)

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.