

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)

> NEVADA DONOR NETWORK 2055 E SAHARA AVE ATTN: JACKIE WARN LAS VEGAS NV 89104-3829

## **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.

> NEVADA DONOR NETWORK 2055 EAST SAHARA AVE. LAS VEGAS NV 89104

OWNER(S):

**NEVADA DONOR NETWORK** 

**DIRECTOR(S):** 

TISSUE BANK ID Number: CTB 00082182

August 17, 2023 **Issuance Date:** Expiration Date: August 15, 2024

Robert J. Thomas, Acting Branch Chief **Laboratory Field Services** 

Robert J. Thomas

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