



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)

FAMILY FERTILITY CRYOBANK
ATTN: LAB
6699 ALVARADO RD STE 2208
SAN DIEGO, CA 92120

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 94808-6403

Internet Address: www.cdph.ca.gov/LFS
Thank you for your cooperation

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 approved tissue bank operation(s) at the indicated facility address.

FAMILY FERTILITY CRYOBANK
6699 ALVARADO RD STE 2208
SAN DIEGO, CA 92120

OWNER(S):

FAMILY FERTILITY CRYOBANK, INC
MARTIN BASTUBA MD

DIRECTOR:

MARTIN BASTUBA MD

TISSUE BANK ID Number: CTB 00082051

Issuance Date: February 17, 2025

Expiration Date: February 16, 2026

Charlet Archuleta, Acting Branch Chief
Laboratory Field Services