



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)

SAN ANTONIO EYE BANK/CORNEAGEN - SAN ANTONIO  
1200 6TH AVE STE 300  
ATTN: QUALITY ASSURANCE  
SEATTLE WA 98101-1128

#### **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, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403

Internet Address: [www.cdph.ca.gov/LFS](http://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.

**SAN ANTONIO EYE BANK/CORNEAGEN - SAN ANTONIO**  
**9150 HUEBNER ROAD**  
**SUITE # 105**  
**SAN ANTONIO TX 78240**

**OWNER(S):**

SAN ANTONIO EYE BANK

**DIRECTOR(S):**

JIM WAGNER

**TISSUE BANK ID Number: CTB 00080863**

**Issuance Date: February 6, 2023**

**Expiration Date: February 6, 2024**

*Robert J. Thomas*

Robert J. Thomas, Acting Branch Chief  
Laboratory Field Services