

**NEW YORK STATE DEPARTMENT OF HEALTH**

**PROVISIONAL 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. - GA008*

**Tissue Bank Director:**  
**Stephen H. Pool, Ph.D.**

**Medical Director:**  
**Harvey Stern, M.D., Ph.D.**

**Farifax Cryobank, Inc.**  
**1944 Lexington Avenue North**  
**Roseville, MN 55113**

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

**Comprehensive Tissue Procurement Service**

**Tissue Processing Facility**

**Tissue Storage Facility**

**Semen from donors and client-depositors**

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**Semen, oocytes, embryos, ovarian tissue, and testicular tissue from donor and client-depositors**

**Issued: March 21, 2014**

**Expires: April 1, 2016**

**Owner: Genetics & IVF Institute, Inc.**

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

DOH-3908 (04/2001)