## **TISSUE BANK PERSONNEL REPORT**

California Dept. of Public Health Laboratory Field Services Att: Tissue Bank 850 Marina Bay Parkway Bldg. P, 1st Floor

						Richmond, CA 94804-6403
Name of tissue bank		Telephone number		FAX number		Date
Address(es) (number, street)—Required	, ,		City		ZIP code	
(Number, street)				City		ZIP code
List names, titles, and qualific tissue bank. Attach C V or res	ations of persons ume for initial app	responsible for plication or new p	collection, personnel.	processing, storage	e, or distrib	oution of tissue by the
LAST NAME	FIRST NAME AND MIDDLE INITIAL		QUALIFICATIONS (INCLUDE TITLES, IF ANY)		DAYS/HOURS WORKED	