

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS DESCRIBED IN 21 CFR 1271.10	FEI: 3020650965	Other FDA Registrations: Blood: Devices: Drugs:	Reason For Last Submission: Annual Registration/Listing Last Annual Registration Year: 2025 Last Registration Receipt Date: 11/16/2024 Summary Report Print Date: 12/05/2024
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Legal Name and Location: Lucina Egg Bank 3661 Valley Centre Dr., Suite 160 California San Diego, California 92130 USA Phone: 858-436-7186 Ext.:	Reporting Official: David Harari, CMO 3661 Valley Centre Dr., Suite 160 San Diego, California 92130 USA Phone: 858-436-7186 Ext. dharari@fertile.com	Satellite Recovery Establishment: No Parent Manufacturing Establishment FEI No.: Testing For Micro-Organisms Only: No Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).
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HCT/P(s)	Donor Type(s)	Establishment Functions								Date of Discontinuance	Date of Resumption	Proprietary Name(s)
		Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute			
Amniotic Membrane												
Blood Vessel												
Bone												
Cardiac Tissue - non-valved												
Cartilage												
Cornea												
Dura Mater												
Embryo												
Fascia												
Heart Valve												
HPC Apheresis												
HPC Cord Blood												
Ligament												
Nerve Tissue												
Oocyte	Anonymous						X	X	X			
Ovarian Tissue												
Pancreatic Islet Cells - autologous												
Parathyroid												
Pericardium												
Peripheral Blood Mononuclear Cells												
Peritoneal Membrane												
Sclera												
Semen												
Skin												
Tendon												
Testicular Tissue												
Tooth Pulp												
Umbilical Cord Tissue												



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)

REPRODUCTIVE SCIENCES MEDICAL CENTER
ATTN: KEVIN KIBOONG OUM, PHD
3661 VALLEY CENTRE DR. STE 100
SAN DIEGO, CA 92130

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.

**REPRODUCTIVE SCIENCES MEDICAL CENTER
3661 VALLEY CENTRE DR. STE 100
SAN DIEGO, CA 92130**

OWNER(S):

REPRODUCTIVE SCIENCES MEDICAL CENTER, INC
DAVID HARARI MD

DIRECTOR:

KEVIN KIBOONG OUM PHD

TISSUE BANK ID Number: CTB 00080199

Issuance Date: December 19, 2024

Expiration Date: December 18, 2025

Charlet Archuleta, Acting Branch Chief
Laboratory Field Services



COLLEGE of AMERICAN
PATHOLOGISTS

CERTIFICATE OF ACCREDITATION

**Reproductive Sciences Medical Center
Laboratory
San Diego, California
Minh Ho, MD**

CAP Number: 8470728
AU-ID: 1903827
CLIA Number: 05D0932860

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Reproductive Laboratory Accreditation Program. Reinspection should occur prior to **May 21, 2025** to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Kathleen G. Beavis, MD, Accreditation Committee Chair

Emily Volk, MD, FCAP, President, College of American Pathologists



**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
REPRODUCTIVE SCIENCES MEDICAL CENTER L
3661 VALLEY CENTRE DR STE 100
SAN DIEGO, CA 92130

CLIA ID NUMBER
05D0932860

EFFECTIVE DATE
04/04/2024

LABORATORY DIRECTOR
MINH HO M.D.

EXPIRATION DATE
04/03/2026

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

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If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
HEMATOLOGY (400)	03/20/2019

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.