



**MARYLAND**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**OFFICE OF HEALTH CARE QUALITY**

SPRING GROVE CENTER  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MD 21228-4663

**TISSUE BANK PERMIT**

NUMBER: TB2221      EFFECTIVE PERIOD: 07/01/2017 - 06/30/2019

*Pursuant to the provisions of TITLE 17, subtitle 3, Health-General Article § 17-301 et seq.,  
Annotated Code of Maryland, this permit is issued to:*

**MANHATTAN CRYOBANK INC**  
**211 E 43RD STREET SUITE 1701**  
**NEW YORK, NY 10017**

**Director: AARON SPITZ, MD**  
**Owner: CN GENETICS PARTNERS LLC**

*For operating, representing or servicing the following Tissue Bank Classes:*

**Reproductive Tissue Bank:**  
Reproductive Tissue

**CONTROL: 67623**

*Patricia Tomsko May, MD*  
**Director**

*Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.*