



## Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

Dear Colleague,

Please find enclosed the license certificate for operation of your tissue, hematopoietic progenitor cell, or nontransplant anatomic bank.

The certificate is effective until the date indicated and must be posted conspicuously at the approved location. Your license is specific to this location; you must notify the Department of any changes in address.

You must submit a new application if you intend to expand your services or activities beyond those listed on this certificate. All tissue for clinical use must be procured, processed, stored, and distributed by tissue banks licensed by the Department for the relevant activities.

To remain in compliance with New York State regulations, you must also:

- Report any changes in director, medical director, and compliance officer within five days;
- Report any change in ownership of five percent or more within 30 days;
- Report any accidents in retrieval, testing, processing, storage, or distribution that may affect the safety of any product within seven calendar days of discovery.

Application forms and specifics of 10 NYCRR Part 52 and Subpart 58-5 regulations are available online at <https://www.wadsworth.org/regulatory/tissue-resources>. If you have any questions, please call (518) 485-5341, or e-mail [tissue@health.ny.gov](mailto:tissue@health.ny.gov). Please reference the Facility ID number at the top of your license in any correspondence.

Note: we have changed to blue license certificate paper, this does not affect your license.

Sincerely,

Matthew Kohn, Ph.D.  
Director  
Tissue Resources Program

Enclosure

**NEW YORK STATE DEPARTMENT OF HEALTH**

**LICENSE FOR TISSUE BANK OPERATION**

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Facility ID: 1710*

**Tissue Bank Director:**  
**Joel Sugar, M.D.**

**Medical Director:**  
**Joel Sugar, M.D.**

**Eversight**  
**924 West 19th Place, Suite 350**  
**Chicago, IL 60608**

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

**Comprehensive Tissue Procurement Service**  
**Tissue Processing Facility**

**Eye tissue**  
**Eye tissue**

**Issued: July 20, 2023**

**Owner: Illinois Eye Bank**

**Expires: August 1, 2025**

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

DOH-3908 (04/2001)