

# Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)

NEW YORK STATE DEPARTMENT OF HEALTH  
Wadsworth Center

## Source Plasma Donation Center

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Clinical Laboratory Evaluation Program/ Plasma  
Empire State Plaza  
Albany, New York 12237

E-mail: [plasma@health.ny.gov](mailto:plasma@health.ny.gov)

Web: [www.wadsworth.org/regulatory/plasma](http://www.wadsworth.org/regulatory/plasma)

### Instructions

This form must accompany the initial source plasma donation center registration application and be submitted whenever there is an ownership change. Failure to provide notice within thirty (30) days from the date of a change in Ownership (direct or indirect) may result in the voiding of a source plasma donation center registration. All applications for changes in Direct Ownership will be considered new registration applications and are subject to New York State Department of Health (Department) approval.

Do not use this form to report a change in source plasma donation center name, location, or operator. Contact [plasma@health.ny.gov](mailto:plasma@health.ny.gov) to make a change in donation center name, location, or operator.

### Definitions

**Direct ownership** means an individual or entity with an ownership interest or controlling interest in the applying facility.

**Indirect ownership** means an individual or entity with an ownership interest, controlling interest, or corporate membership, in an entity with direct or indirect ownership in the applying clinical facility. Indirect owners who hold a ten (10) percent or greater ownership interest, controlling interest, or corporate membership, are required to be disclosed by the applying clinical facility.

- **Example 1 (Business Corporation):** ABC Lab is owned by ABC Lab, Inc. ABC Lab, Inc. has two major stockholders, Mr. Smith and Mr. Hernandez. ABC Lab, Inc. is the direct owner. Mr. Smith and Mr. Hernandez are indirect owners.
- **Example 2 (Business Corporation):** ABC Lab, Inc. dba ABC Lab is owned by ABC Lab, Inc. ABC Lab, Inc has two primary investors; Umbrella Corp, Inc. and Ms. Smirnov. ABC Lab, Inc., is the direct owner. Umbrella Corp, Inc. and Ms. Smirnov are indirect owners.
- **Example 3 (Partnership):** Acme Lab is owned by Zhang Brothers, LLP. The partners of Zhang Brothers, LLP are Zhang Industries and Mr. Lee. Zhang Industries is owned by A. Zhang and B. Zhang. Zhang Brothers, LLP is the direct owner. Zhang Industries, Mr. Lee, A. Zhang, and B. Zhang are all indirect owners.
- **Example 4 (Not-for-Profit Corporation):** Healthy Hospital Laboratory is owned by Healthy Hospital, Inc., a not-for-profit corporation. Healthy Hospital, Inc. has two corporate members, Biggie Health Systems, Inc. and Bigger Health Systems, Inc. Biggie Health Systems, Inc. and Bigger Health Systems, Inc. are considered indirect owners in Healthy Hospital Laboratory.
- **Example 5: (Professional Corporation):** Neighborhood Physicians, PLLC operates a clinical laboratory. Neighborhood Physicians, PLLC is owned by Hospital Physicians, PC and Dr. Patel. Hospital Physicians, PC and Dr. Patel are indirect owners.

**Ownership interest** means the possession of stock, equity in the capital, or any interest in revenue of an entity.

**Controlling interest** means the ability to direct or control the operation or management of an entity. Members on the board of directors or Board of Trustees for not-for-profit corporations are considered to have controlling interests. Any individual or entity with a ten (10) percent or greater controlling interest is required to be disclosed by the applying clinical facility. Licensed physicians who are included on the board of directors/Board of Trustees for a not-for-profit corporation are required to disclose their authority to order laboratory tests if they have greater than ten (10)% controlling interest in the applying clinical facility.

**Corporate membership** means an individual or entity with a voting interest in a not-for-profit corporation that directly owns the applying facility. Corporate membership includes, but is not limited to, the right to vote in the election for directors of the clinical laboratory or on fundamental corporate transactions, such as closing the business or amending the bylaws.

**Operator/Management Company** means any organization that operates and manages a clinical laboratory on behalf of the owner, with the owner retaining ultimate legal responsibility for the operation of the business.

**EIN** means the federal Employer Identification Number or tax identification number (TIN) of an ownership entity other than a natural person.

**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

Plasma Donation Center Name:

ZIP Code:

- Reason for Submission:**  Initial Registration Application  
 Owner Change; Effective Date:  
 Direct Owner  
 Indirect Owner

**PART 1 – Source Plasma Donation Center**

Name Source Plasma Donation Center:  
(As will appear on registration certificate)

Laboratory PFI # (if known):

Address

City

State

Zip

**PART 2 – Direct Ownership Information**

**A. Ownership Type of Direct Owner(s)** (place check marks):

- Individual(s)
- Partnership (e.g., LLP)
- Government (choose one):  
 City (Local)     County     State     Federal     Other
- For-Profit Corporation (e.g., Inc, LLC, Corp., PC, PLLC)
- Not-for-Profit Corporation (choose one):  
 Religious affiliation     Private     Other    Clarify Other \_\_\_\_\_

**B. Small Business**

**Small Business:** A small business located in New York is defined as independently owned and operated, and employing 100 or fewer individuals. This includes all employees, both technical and non-technical.

Is the source plasma donation center considered a small business?

- YES     NO

**C. Foreign Ownership**

Are any of the direct owners a foreign entity or foreign government?

- YES     NO

If YES, state country of origin for the foreign entity or government.

**D. On page 3, identify all DIRECT OWNERS of the source plasma donation center, as per the definitions listed in the first page Instructions/Definitions.**

Provide the following:

**• Direct Owner**

- Name of each Direct Owner (Individuals and Partnerships: each person must be listed separately.)
- Direct Owner EIN or Social Security Number
- Percentage of ownership
- Address of principal business office

**• For-Profit Corporation:** Names and percentage of ownership for all corporate officers and shareholders (if greater than ten (10) percent ownership)

**• Not-for-Profit Corporation (NFPC):** Names of the board of directors/trustees/governors of the NFPC

\*Under the New York State Tax Law, the facility is required to disclose the Tax ID or (Federal Employer Identification Number; a.k.a. EIN) or the Social Security Number, as appropriate, of all Owners.

**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

Plasma Donation Center Name:

ZIP Code:

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Direct Owner	Name	
	EIN	Percentage of ownership
	Principal business office address	
Direct Owner representative	Name	
	Title	
	Email	Phone

For-Profit Corp – list names and percentage of ownership in the corporation for all corporate officers and shareholders;  
Not-for-Profit Corp – list names of board of directors/trustees/governors:

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Direct Owner	Name	
	EIN	Percentage of ownership
	Principal business office address	
Direct Owner representative	Name	
	Title	
	Email	Phone

For-Profit Corp – list names and percentage of ownership in the corporation for all corporate officers and shareholders;  
Not-for-Profit Corp – list names of board of directors/trustees/governors:

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Direct Owner	Name	
	EIN	Percentage of ownership
	Principal business office address	
Direct Owner representative	Name	
	Title	
	Email	Phone

For-Profit Corp – list names and percentage of ownership in the corporation for all corporate officers and shareholders;  
Not-for-Profit Corp – list names of board of directors/trustees/governors:

**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

Plasma Donation Center Name:

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**PART 3 – Indirect Ownership Information**

**A. Identify any person or entity that:**

- 1) possesses ten (10) percent or more of the voting shares of an entity that directly owns a source plasma donation center
- 2) maintains a controlling interest of ten (10) percent or more in an entity that directly owns a source plasma donation center or
- 3) maintains corporate membership in a not-for-profit corporation that directly owns/operates a source plasma donation center.

The list must include:

- Address of principal business office for each Indirect Owner
- The information requested below based on ownership type.
  - Individuals: Names, addresses, percentage of ownership, and social security numbers\* of individual owners
  - Partnership: Names, addresses, percentage of ownership, and social security numbers\* of the partners
  - For-Profit Corporation: Names, addresses, percentage of ownership for corporate officers and shareholders, and EIN
  - Not-for-Profit Corporation: Names and addresses of the board of directors/trustees/governors of the NFPC, and EIN

\*Under the New York State Tax Law, the facility is required to disclose the Tax ID or (Federal Employer Identification Number; a.k.a. EIN) or the Social Security Number, as appropriate, of all Owners.

Indirect Owner	Name	
	EIN	Percentage of ownership
	Principal business office address	

For-Profit Corp. – list names and percentage of ownership in the corporation for all corporate officers and shareholders;  
Not-for-Profit Corp. – list names of Board of directors/trustees/governors:

Indirect Owner	Name	
	EIN	Percentage of ownership
	Principal business office address	

For-Profit Corp – list names and percentage of ownership in the corporation for all corporate officers and shareholders;  
Not-for-Profit Corp – list names of Board of directors/trustees/governors:

**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

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**PART 4 – Declaration**

**A. Does any DIRECT or INDIRECT OWNER(S) of the applying facility have a direct or indirect ownership interest, controlling interest, or corporate membership in any other: clinical laboratory, blood bank, or source plasma donation center permitted or registered by New York State?** (Limited Service Laboratory registrations are not required to be disclosed.)

YES     NO

If YES, list the following information for each individual or entity:

- Direct or Indirect Owner name(s)
- Name and address of other clinical laboratories, blood banks, and source plasma donation centers

Note: To complete this section it is recommended that the applying facility should consult their compliance and/or legal department.

Owner  Indirect     Direct  
Name

EIN/SSN Percentage of ownership

List name, address, and Permanent Facility Identifier (PFI) of other clinical laboratories, blood banks, and source plasma donation centers.

Owner  Indirect     Direct  
Name

EIN/SSN Percentage of ownership

List name, address and Permanent Facility Identifier (PFI) of other clinical laboratories, blood banks, and source plasma donation centers.

**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

Plasma Donation Center Name:

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**B. Have any of the owners (direct or indirect), operator, or laboratory director within the preceding 2-year period: owned, operated, or directed a laboratory which has had its CLIA certificate revoked?**

YES     NO

If YES, provide the information requested below for each individual.

Respondent	Name
	Position held
Laboratory	Name
	Address
	CLIA#
Sanction	Sanction imposed
	Effective date
	Reason for sanction

Current status of sanction

Respondent	Name
	Position held
Laboratory	Name
	Address
	CLIA#
Sanction	Sanction imposed
	Effective date
	Reason for sanction

Current status of sanction

**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

Plasma Donation Center Name:

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**C. Has the laboratory director; responsible physician; operator; or any person having a direct or indirect ownership interest, controlling interest, or corporate membership in the applying clinical facility ever been charged with violations of local, state or federal laws, rules and regulations, including, but not limited to, the Public Health Law or related statutes, concerning the provision of health care services or reimbursement for such services?** To the extent that such charges are currently pending, respond 'Yes.'

YES       NO

If YES, provide the information requested below for each individual.

Respondent	Name
	Address
Charge(s)	Description

Disposition

Date(s) of disposition

Respondent	Name
	Address
Charge(s)	Description

Disposition

Date(s) of disposition

**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

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**D. Has the: laboratory director; responsible physician; operator; or any person having a direct or indirect ownership interest, controlling interest, or corporate membership in the applying clinical facility, ever been charged with any crime including, but not limited to, any offense related to the furnishing of, or billing for, clinical laboratory services, medical care, services, or supplies, or which is considered an offense involving theft or fraud?** To the extent that such charges are currently pending, respond 'Yes.'

YES       NO

If YES, provide the information requested below for each individual.

Respondent	Name
	Address
Charge(s)	Description

Disposition
Date(s) of disposition

Respondent	Name
	Address
Charge(s)	Description

Disposition
Date(s) of disposition



**Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator)**

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**E. Are any individuals with direct or indirect ownership interest, or controlling interest in the applying facility, licensed health professionals authorized by law to order clinical laboratory tests and receive results?**

YES       NO

If YES, list:

- Name of the individual(s) with greater than ten (10) percent ownership and/or controlling interest, who are authorized by law to order clinical laboratory tests
- Professional title(s)

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Name

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Professional Title

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Name

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Professional Title

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Professional Title

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Professional Title

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**F. Is the applying source plasma donation center operated by a management company?**

YES       NO

If YES, attached a copy of the Operator/Management contract and provide information requested below:

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Operator/Management Company	Name
	Principal business address
Contact person for Management Company	Name
	Title
	Phone number
	Email address

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**G. Is the applying source plasma donation center leased in whole or in part by any other organization?**

YES       NO

If YES, provide the information requested below.

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Lessee	Name
	Principal business address
Contact person for lessee	Name
	Title
	Phone number
	Email address

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**PART 5 – Attestation**

Providing false or misleading information in this statement may lead to prosecution under applicable federal or state laws and may result in denial of the New York State Source Plasma Donation Center application.

- 1) I agree to any investigation made by the Department to verify or confirm the information provided herein or adjunctive to this application, and any investigation in connection with the registration, a complaint or incident report made known to the Department.
- 2) I attest that the information given to the Department as a basis for obtaining a Source Plasma Donation Center Registration is true and correct.

Signature of authorized representative for ALL direct owners must be obtained. Use "ADD A PAGE" if more than one direct owner.

Authorized Representative of Direct Owner

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative of Operator/Management Company

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Physician

Name \_\_\_\_\_  
Professional Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Laboratory Director

Name \_\_\_\_\_  
Professional Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_