

PART I – Activities Performed

No changes to this section from current license.

Current New York State tissue bank facility ID #, if applicable: _____

Place a checkmark in applicable boxes below to indicate the tissues transplanted.

	Allogeneic	Autologous ¹
Cardiovascular tissue		
Musculoskeletal tissue		
Skin tissue		
Eye tissue		
Nerve Tissue		
Amniotic Membrane		
Human Milk		
Hematopoietic progenitor cells (HPCs)		
Peripheral Blood		
Bone Marrow		
Umbilical Cord Blood		
Other human tissues – List all		
Tissue Derived Products² – List source(s)		

¹ Autologous – tissue or hematopoietic progenitor cells that were recovered from the patient in a previous medical procedure, and processed by an appropriately licensed facility.

² Tissue Derived Products include, but are not limited to, products that contain hematopoietic progenitor cells from other sources than above, mesenchymal stem cells, or other cells derived from tissue.

PART II – Administrative Responsibility No changes to this section from current license.

A. Tissue Bank Compliance Officer

Name			
Title			
Name of facility			
Facility business address			
City	State	Zip	Telephone
Days and hours present on site		E-mail address	

B. Has a director, who is a physician licensed and currently registered to practice medicine in New York State, been appointed for each tissue transplantation service within the tissue transplantation facility?

Yes

No

PART III – Tissue and HPC Providers No changes to this section from current license.

A. Provide or submit a complete list of all tissue and/or hematopoietic progenitor cell banks that provide tissue, milk and/or hematopoietic progenitor cells to the applicant for transplantation (submit additional sheets if necessary):

B. Provide or submit a complete list, including a brief description, of equipment used for tissue, milk and or hematopoietic progenitor cell storage (submit additional sheets if necessary):

C. Submit standard operating procedures, as required by 52-3.5(a)(6), for receipt, storage, distribution, issuance, and tracking of tissue, milk or hematopoietic progenitor cells for implant.

PART IV

I hereby affirm that all tissue, milk and/or hematopoietic progenitor cells transplanted by the applicant facility are obtained from tissue and/or hematopoietic progenitor cell banks licensed by the New York State Department of Health Tissue Resources Program in the requisite categories.

Tissue Bank Compliance Officer's Name

Tissue Bank Compliance Officer's Signature

Date

Name and title of person completing form

Signature

Date