

Wadsworth Center
P.O. Box 509, Empire State Plaza
Albany, New York 12201-0509

Facility/Site _____ **Phone** _____

Address _____
 _____ City _____ State _____ Zip _____ County _____

Does this facility have a laboratory permit issued by the NYSDOH Clinical Laboratory Evaluation Program? Yes No
 If yes, contact the Blood and Tissue Resources Program at (518) 485-5341 before proceeding.

Services Offered Ambulatory Surgery Dentistry Medical Imaging Nuclear Pharmacy Podiatry
 Orthopedic Care Wound Care PMR Care Other _____

Owner _____ **Address** _____

Ownership Hospital-owned Practitioner-owned Other _____

Operating Certificate Number (If Article 28 facility) _____ N/A

Is this facility a small business (for profit, with fewer than 100 employees?) Yes No

Limited Reinfusion Service (LRS)

Director _____ **Title** _____

Phone _____ **E-mail Address** _____

LRS Contact Person _____ **Title** _____

Phone _____ **E-mail Address** _____

Processing Separation Radioisotopic labeling Immunologic manipulation Other _____

Reinfusion Products RBCs WBCs Plasma Platelet Gel Platelet-Rich Plasma
 Other _____

For platelet separation procedures, indicate system name/manufacturer _____

Administration Route IV Injection Topical Other _____

Facility Responsible for Preparation of the Reinfusion Product (if different)

Facility _____ **Phone** _____

Address _____
 _____ City _____ State _____ Zip _____

I certify that I am authorized to submit this application and that the information provided is complete and accurate.

Name _____ **Title** _____
 (Print) (Print)

Signature _____ **Date** _____

Please submit this application, along with the signed checklist attesting that policies and procedures that comply with 10 NYCRR, Section 58-2.27 are in place, to btraxess@health.ny.gov.