

PART I - Activities Performed

Place a checkmark in each box, as applicable, to indicate the donor source and the activity performed.

Donor Source	Donor Selection	Refer Potential Donors	Provide Staff for Tissue Acquisition	Provide Facilities or Equipment for Tissue Acquisition
Reproductive Tissue				
Hematopoietic Progenitor Cells				
Other Tissues – List All				

PART II – Equipment

Provide a brief description of equipment used (attach additional pages if necessary).

PART III – Administrative Responsibility

Director or other person with primary responsibility for compliance with New York State Department of Health requirements

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

Signature

Date

PART IV

Indicate the New York State-licensed comprehensive tissue procurement service(s) that perform donor qualification and selection and/or recovery and collection activities by agreement with your facility (submit additional sheets, if necessary).

Facility name			
Facility address			
City	State	Zip	Telephone

Facility name			
Facility address			
City	State	Zip	Telephone

Facility name			
Facility address			
City	State	Zip	Telephone

Facility name			
Facility address			
City	State	Zip	Telephone

Facility name			
Facility address			
City	State	Zip	Telephone

PART V

Name and title of person completing the form

Signature

Date