

**PART I - Activities Performed**

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

Place a checkmark in each box to indicate the donor source and the activity performed. Check here to indicate no changes from current license:

Donor Source	Donor Selection	Refer Potential Donors	Provide Staff for Tissue Acquisition	Provide Facilities or Equipment for Tissue Acquisition
Reproductive Tissue				
Hematopoietic Progenitor Cells				
<b>Other Tissues</b> – 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 of Director or other person with primary responsibility**

\_\_\_\_\_  
**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**