

PART I – Activities Performed

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

Place a checkmark in each box to indicate the source and type of tissue transplanted. Check here to indicate no changes from current license:

	Allogeneic	Autologous¹
Cardiovascular Tissue		
Musculoskeletal Tissue		
Skin Tissue		
Eye Tissue		
Nerve Tissue		
Amniotic Membrane		
Human Milk		
Hematopoietic Progenitor Cells		
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

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. For each transplantation service within the tissue transplantation facility, list the director, who must be a physician licensed and currently registered to practice medicine in New York State (submit additional sheets if necessary).

Name	License No.	Categories of tissues used for transplantation

PART III

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

B. Indicate or submit a complete list, including a brief description, of equipment used for tissue 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 or hematopoietic progenitor cells for transplant.

PART IV

I hereby affirm that all tissue 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