

**PART I – Activities Performed**

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

	Insemination	Implantation/ Transfer
<b>Semen</b>		
Anonymous Donor		
Directed Donor		
Client Depositor		
<b>Embryos</b>		
Anonymous Donor		
Directed Donor		
Client Depositor		

If your organization intends to conduct assisted reproductive procedures for a gestational surrogacy agreement, complete the ARTSP registration at [https://www.health.ny.gov/community/pregnancy/surrogacy/artsp\\_registration.htm](https://www.health.ny.gov/community/pregnancy/surrogacy/artsp_registration.htm).

**PART II – Administrative Responsibility**

A. Specify tissue bank director (must meet requirements of 10 NYCRR 52-2.5(a)(2)). Submit a copy of current resume or curriculum vitae, specifically identifying education, employment, and professional experience.

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

B. Specify tissue bank medical director (must meet requirements of 10 NYCRR 52-2.5(a)(3)). Submit a copy of current resume or curriculum vitae, specifically identifying education, employment, and professional experience.

Check if same as the tissue bank director.

Name		Title	
Name of facility			
Facility business address			
City	State	Zip	Telephone
License number of medical director		New York or other state where issued	
Days and hours present on site		E-Mail Address	

**PART II – Administrative Responsibility - Continued**

C. Indicate all physicians, nurse practitioners, physician assistants, and registered nurses at the insemination and/or implantation facility who utilize reproductive tissues from donors and/or client-depositors in artificial insemination or assisted reproductive procedures (submit additional sheets if necessary).

Name	License Number	Reproductive Tissue(s) Used

**PART III – Handling of Reproductive Tissue**

A. Indicate or submit a complete list of all reproductive tissue banks that provide reproductive tissue for artificial insemination or assisted reproductive procedures to the applicant. Include reproductive tissue donor qualification and selection, limited procurement, recovery and collection, processing, storage, and distribution facilities (submit additional sheets if necessary):

B. Indicate or submit a complete list, including a brief description, of equipment used for storage of reproductive tissue for artificial insemination or assisted reproductive procedures (submit additional sheets if necessary):

C. Submit standard operating procedures, as required by 52-3.5(a)(6), for recovery, collection, processing, temporary storage and distribution of reproductive tissue for artificial insemination or assisted reproductive procedures.

## **PART IV**

I hereby affirm that all reproductive tissues from anonymous donors, directed donors and client-depositors used in artificial insemination or assisted reproductive procedures are obtained from tissue banks licensed by the New York State Department of Health Tissue Resources Program in the requisite categories.

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**Tissue Bank Director's Name**

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**Tissue Bank Director's Signature**

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**Date**

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**Medical Director's Name**

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**Medical Director's Signature**

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**Date**

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**Name and title of person completing form**

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**Signature**

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**Date**