

**PART I – Activities Performed**

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

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

	<b>Donor Consent</b>	<b>Nontransplant Specimen Acquisition</b>	<b>Nontransplant Specimen Processing</b>	<b>Nontransplant Specimen Storage and Distribution</b>	<b>Use for Medical Research</b>	<b>Use for Health Professional Education</b>
Whole Body						
Body Segments						
Organs – List All:						
Tissues – List All:						
Other – List All:						

## PART II – Administrative Responsibility

A. Specify Nontransplant Anatomic Director. If facility provides acquisition services of whole bodies and/or body segments<sup>1</sup>, the nontransplant anatomic director must meet requirements of 10 NYCRR Section 52-11.4(c)(1)(i). Submit copy of current resume or curriculum vitae, specifically identifying education, employment, and educational experience. Indicate "NA" if not applicable.

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

B. Provide the name and title of person with primary responsibility for compliance with New York State Public Health Law Article 43-B.

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

## PART III – Technical Staff

Specify Technical Staff. If facility provides acquisition services of whole bodies and/or body segments<sup>1</sup> and/or use of whole bodies and/or body segments<sup>2</sup> you are required to complete this portion. List all technical staff, including the highest degree obtained, and job title (submit additional sheets if necessary). Whole body acquisition services<sup>1</sup> must meet requirements of 10 NYCRR Sections 52-11.4(c)(1)(i), 52-11.4(c)(1)(ii), and 52-11.4(c)(1)(iii). Whole body users<sup>2</sup> must meet requirements of 10 NYCRR Section 52-11.5(c). Indicate "NA" if not applicable.

Name	Highest Degree: major and date	Job Title/Responsibility

<sup>1</sup> Whole body acquisition service - A nontransplant anatomic facility that performs donor solicitation, consent, recovery, processing, storage, and distribution of whole bodies and/or body segments for education and/or research purposes.

<sup>2</sup> Whole body user - A nontransplant anatomic facility located in New York State that obtains whole bodies and/or body segments from a whole body acquisition service for education and/or research purposes.

## PART IV

A. Indicate or submit a complete list of all nontransplant anatomic banks that provide nontransplant anatomic whole bodies, body segments, organs, and/or tissues to the applicant, including donor solicitation, recovery, processing, storage, and distribution facilities (submit additional sheets if necessary). Indicate "NA" if not applicable.

B. Indicate or submit a complete list of all sites in New York State to which nontransplant anatomic whole bodies, body segments, organs, and/or tissues are distributed by the applicant, including processing, storage, distribution, and usage facilities (submit additional sheets if necessary). Indicate "NA" if not applicable.

C. Submit written protocols and/or standard operating procedures for recovery, processing, storage, distribution, and/or usage of nontransplant anatomic whole bodies, body segments, organs, and/or tissues. If applicable, submit copies of nontransplant anatomic donor medical and social history questionnaire forms, consent forms, and applicable donor selection criteria and protocols.

## PART V

I hereby affirm that nontransplant anatomic whole bodies, body segments, organs, and/or tissues recovered, processed, stored, distributed and/or used by this facility are for purposes of medical research and/or health professional education specifically authorized by Public Health Law section 4302.

\_\_\_\_\_  
Nontransplant Anatomic Director's Name

\_\_\_\_\_  
Nontransplant Anatomic Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsibility for Compliance with Article 43-B Name

\_\_\_\_\_  
Responsibility for Compliance with Article 43-B Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date