

**PART I – Activities Performed**  No changes to this section from current license.

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

Place a checkmark in applicable boxes below to indicate the activities 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 Tissue – List All				

**PART II – Equipment**  No changes to this section from current license.

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

**PART III – Administrative Responsibility**  No changes to this section from current license.

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

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

\_\_\_\_\_  
**Signature of Director or other person with primary responsibility for compliance**

\_\_\_\_\_  
**Date**

**PART IV – Comprehensive Tissue Procurement Service Partners** No changes to this section from current license.

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

Facility name			NYS facility ID #
Facility address			
City	State	Zip	Telephone

Facility name			NYS facility ID #
Facility address			
City	State	Zip	Telephone

Facility name			NYS facility ID #
Facility address			
City	State	Zip	Telephone

Facility name			NYS facility ID #
Facility address			
City	State	Zip	Telephone

Facility name			NYS facility ID #
Facility address			
City	State	Zip	Telephone

**PART V**


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**Name and title of person completing form**


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**Signature**


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**Date**