

For Office  
Use Only

Date Received \_\_\_\_\_ ATS# \_\_\_\_\_

## Ambulance Service Application to Provide Ambulance Transfusion Services

Original Notification     Update    Date \_\_\_\_\_

### 1. Ambulance Service

Name of Ambulance Service		Agency Code
Address (number and street)		
City, Town, Village	State	ZIP Code
Email Address	Telephone #	FAX #

### 2. Ambulance Service Contact Person

Contact Person Name		
Email Address	Telephone #	FAX #

### 3. Ambulance Service Medical Director

Name of Ambulance Service Medical Director		NYS License #
Address (number and street)		
City, Town, Village	State	ZIP Code
Email Address	Telephone #	FAX #

### 4. Ownership Information

Type of Ownership (check appropriate Box)	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Independent	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Municipal/Government	<input type="checkbox"/> Industrial	<input type="checkbox"/> College/University
Level of Care (as approved by the local REMAC and recognized by DOH EMS)	<input type="checkbox"/> EMT – Critical Care	Type of Ambulance Service	<input type="checkbox"/> Ground
	<input type="checkbox"/> EMT - Paramedic		<input type="checkbox"/> Ground and Air

### 5. Name of Hospital Blood Bank from which blood components will be obtained

Name of Hospital Blood Bank		PFI of Blood Bank
Address (number and street)		
City, Town, Village	State	ZIP Code
Name of Hospital Blood Bank Director		
Email Address	Telephone #	FAX #
Name of Hospital Blood Contact Person		
Email Address	Telephone #	FAX #

**6. Education Program**

Name of Course Sponsor \_\_\_\_\_

Number of Trained EMS Providers \_\_\_\_\_ EMT-Ps \_\_\_\_\_ EMT-CCs \_\_\_\_\_

Name of Instructor(s) - Qualified physician responsible for training \_\_\_\_\_

Name of Instructor(s) - EMT-P Certified Instructor Coordinator \_\_\_\_\_

**7. Certification**

**I have reviewed copies of the following documents:**

	YES	NO
Public Health Law Article 30, Emergency Medical Services	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Law Article 31, Human Blood and Transfusion Services	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Law Article 5, Title V: Clinical Laboratories and Blood Banking Services	<input type="checkbox"/>	<input type="checkbox"/>
New York Code of Rules and Regulations (10 NYCRR) Subpart 58-2 Blood Banks and Laboratories Performing Immunochemistry Testing.	<input type="checkbox"/>	<input type="checkbox"/>
DOH Guidelines for Monitoring Transfusion Recipients, Appendix A-Transfusion Reaction Response Guide and Appendix B-Transfusion Reaction Fact Sheets, Second Edition	<input type="checkbox"/>	<input type="checkbox"/>
10 NYCRR Part 800, EMS Regulations	<input type="checkbox"/>	<input type="checkbox"/>
Transporting Patients with Blood/ Blood Components, BEMS Policy Statement	<input type="checkbox"/>	<input type="checkbox"/>
Course Outline for Training Emergency Medical Technicians in Blood Component Administration/Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Transfusion in an Ambulance, Training for the EMT-CC/P	<input type="checkbox"/>	<input type="checkbox"/>

**8. Signatures**

Print Name of Ambulance Service Medical Director \_\_\_\_\_

Signature of Ambulance Service Medical Director \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Ambulance Service CEO/COO as listed on form DOH-206, Application for EMS Operating Certificate \_\_\_\_\_

Signature of CEO/COO \_\_\_\_\_ Date \_\_\_\_\_