NEW YORK STATE DEPARTMENT OF HEALTH
Tissue Resources Program
Wadsworth Center
P.O. Box 509
Albany, New York 12201-0509

Application for Licensure – Human Tissue/Nontransplant Anatomic Bank

PART I (See instructions for definitions) (Please print or type)

A. Tissue Categories (check all that apply)

- ☐ Cardiovascular ☐ autogeneic ☐ allogeneic
- ☐ Musculoskeletal ☐ autogeneic ☐ allogeneic
- ☐ Skin ☐ autogeneic ☐ allogeneic
- ☐ Eye
- ☐ Semen ☐ donor ☐ client-depositor
- ☐ Oocytes/embryos ☐ donor ☐ client-depositor
- ☐ Human milk
- ☐ Hematopoietic progenitor cells
  - ☐ Peripheral blood ☐ autogeneic ☐ allogeneic
  - ☐ Cord blood ☐ family storage ☐ allogeneic
  - ☐ Bone marrow ☐ autogeneic ☐ allogeneic
  - ☐ Other _____

B. Type of service (check all that apply)

- ☐ Limited Tissue Procurement Service (Attach completed Form A)
- ☐ Comprehensive Tissue Procurement Service (Attach completed Form B)
- ☐ Tissue Processing Facility (Attach completed Form B)
- ☐ Tissue Storage Facility (Attach completed Form B)
- ☐ Tissue Transplantation Facility (Attach completed Form C)
- ☐ Insemination Site (Attach completed Form D)
- ☐ Implantation Site (Attach completed Form D)
- ☐ Nontransplant Anatomic Bank (Attach completed Form E)

C. Nature of Site

- ☐ Medical School
- ☐ Hospital or other Article 28 facility
- ☐ Blood bank
- ☐ Independent facility
- ☐ Physician's Office
- ☐ Other

D. For Tissue Resources Program use only

- ☐ **New Application**
- ☐ **Renewal**
- ☐ **Other**

Date Received_____

D. Name of bank or site

Address

City	State	Zip	County

Telephone ( ) Fax ( )

Days and hours of operation

E. Mailing address (if different from above)

F. Ownership

- ☐ Individual ☐ Government ☐ Professional Corporation ☐ Not-for-profit Corporation
- ☐ Partnership ☐ Corporation ☐ Other (specify) _____

Unless an Article 28 facility, attach a completed form DOH-2973(f) (Disclosure of Ownership and Control Interest Statement). If a partnership, submit a copy of the partnership agreement. If a corporation, not-for-profit corporation or professional corporation, include a copy of the certificate of incorporation.

PART II

I hereby affirm under penalty of perjury that the information provided on this form and all attachments is true to the best of my knowledge and belief. **No tissue banking activities other than those identified in this application, are being conducted at this site without New York State licensure.**

_____ _____ ____/____/____

Owner's name (please print) **Signature** **m d y**