

**For Limited Tissue Procurement Services**

**PART I** **(Please print or type)**

The name and title of the person with primary responsibility for compliance with Article 43-B of the Public Health Law.

Name		Title	
Name of bank or site			
Business address			
City	State	Zip	Telephone (    )
Days and hours present on site			

\_\_\_\_\_

**Signature**

\_\_\_\_\_

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**PART II** **(Please print or type)**

Identify comprehensive tissue procurement service(s) that perform donor solicitation and/or retrieval activities at the above facility. Attach additional sheets, if necessary.

Name			
Business address			
City	State	Zip	Telephone (    )

Name			
Business address			
City	State	Zip	Telephone (    )

Name			
Business address			
City	State	Zip	Telephone (    )