

PART I (Please print or type)

A. Tissues Transplanted (check all that apply):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Cardiovascular Tissue | <input type="checkbox"/> autogeneic |
| | <input type="checkbox"/> allogeneic |
| <input type="checkbox"/> Musculoskeletal Tissue | <input type="checkbox"/> autogeneic |
| | <input type="checkbox"/> allogeneic |
| <input type="checkbox"/> Skin Tissue | <input type="checkbox"/> autogeneic |
| | <input type="checkbox"/> allogeneic |
| <input type="checkbox"/> Eye Tissue | |
| <input type="checkbox"/> Hematopoietic progenitor cells | |
| <input type="checkbox"/> Peripheral blood source | <input type="checkbox"/> autogeneic |
| | <input type="checkbox"/> allogeneic |
| <input type="checkbox"/> Bone marrow source | <input type="checkbox"/> autogeneic |
| | <input type="checkbox"/> allogeneic |
| <input type="checkbox"/> Cord blood | <input type="checkbox"/> autogeneic |
| | <input type="checkbox"/> allogeneic |
| <input type="checkbox"/> Other | <input type="checkbox"/> autogeneic |
| | <input type="checkbox"/> allogeneic |

- Human milk
 Other (specify) _____

B. Tissue Bank Compliance Officer

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

I hereby affirm that all tissue transplanted in the facility is obtained from tissue banks licensed by the New York State Department of Health.

Signature _____ / ____ / ____
 m d y

C. For each transplantation service within the tissue transplantation facility, list the director, who must be a physician licensed and currently registered to practice medicine in New York State.

Name	License No.	Categories of tissues used for transplantation

PART II

(Please print or type)

- A. For each tissue transplantation service, describe how tissues are handled and stored within your facility. Include a list of major equipment used for storage (e.g., freezers, liquid nitrogen canisters, etc.) and the location of all such equipment. Attach sheet, if necessary.

- B. List names and addresses of all tissue banks from which tissues for transplantation are obtained and provide copies of all existing acquisition and/or processing agreements. Attach sheet, if necessary.

- C. Attach protocols/procedures for receipt, storage, issuance and tracking tissue.