

PART I

(Please print or type)

A. Categories of Reproductive Tissue:

- | | |
|--|---|
| <input type="checkbox"/> Oocytes/embryos | <input type="checkbox"/> anonymous donor |
| | <input type="checkbox"/> directed donor |
| | <input type="checkbox"/> intimate couple |
|
 | |
| <input type="checkbox"/> Semen | <input type="checkbox"/> anonymous donor |
| | <input type="checkbox"/> directed donor |
| | <input type="checkbox"/> client depositor |
|
 | |
| <input type="checkbox"/> Other _____ | |

B. Activities Performed:

- Insemination
- Implantation/Transfer
- Other (specify) _____

C. Tissue Bank Director (must meet requirements of 10 NYCRR Section 52-2.5 (a)(2))

Name			
Business Address			
City	State	Zip	Telephone ()
Days and hours present on site			

*Attach resume or curriculum vitae, specifically identifying all other employment.

D. Medical Director (*if different from above)

Name			
Business Address			
City	State	Zip	Telephone ()
Days and hours present on site			

*Attach resume or curriculum vitae, specifically identifying all other employment.

