

PART I (Please print or type)

A. Categories of Nontransplant Anatomic Parts

- Musculoskeletal Tissue
- Cardiovascular Tissue
- Organs
- Placentas
- Whole Bodies
- Other (specify) _____

B. Type of Service

- Procurement Service
- Processing Facility
- Storage Facility
- Distribution Facility

C. Activities Performed

- Donor solicitation
- Harvesting
- Processing
- Storage
- Distribution
- Transportation
- Medical Research
- Health Professional Education

D. Director

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

 Signature

____/____/____
 m d y

E. Provide the name and title of person with primary responsibility for compliance with PHL Article 43-B

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

 Signature

____/____/____
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PART II

(Please print or type)

A. If applicable, attach a complete list of all entities that provide nontransplant anatomic parts to the applicant. Include addresses.

B. If applicable, attach a complete list of all sites in New York State to which nontransplant anatomic parts are distributed by the applicant. Include addresses.

C. If applicable, attach copies of donor selection protocols and consent forms.

PART III

I hereby affirm that nontransplant anatomic parts used and distributed by this facility are for purposes of medical research and/or health professional education.

Director's Name

Director's Signature

____/____/____
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