

INSTRUCTIONS

I. GENERAL

Completion and submission of the statement to provide full and accurate disclosure of ownership and financial interests in the tissue bank or nontransplant anatomic bank are required by Section 52-2.1 of 10 NYCRR. Failure to do so may result in the denial of a license to the applying tissue bank.

Note: The completion of the statement does not eliminate the responsibility of the applicant to report all changes in ownership in the applying facility directly to the New York State Department of Health, Office of Medicaid Management.

II. Completion of Statement

A. Please answer all questions as of the date the Application for Licensure – Human Tissue/Nontransplant Anatomic Bank is completed.

B. Definitions

1. **Direct ownership interest** means the possession of stock, equity in the capital, or any interest in the profits of the facility.
2. **Indirect ownership interest** means the possession of stock, equity in the capital, or any interest in the profits of an entity with a direct or indirect ownership interest in the facility.
3. **Controlling interest** means the ability to direct or control the operation or management of the facility pursuant to 10 NYCRR 52-1.1(i).
4. **Management company** means any organization that operates and manages a business on behalf of the owner, with the owner retaining ultimate legal responsibility for the operation of the business.

C. Statement Information

1. Part I – Provide name, address, and telephone number of the applying tissue bank.
2. Part II – List the names of all individuals and organizations having direct, indirect, or controlling interest of five (5) percent or greater in the applying tissue bank. For tissue banks owned/operated by not-for profit corporations, please provide a list of the Board of Directors.
3. Part III – Respond to all three questions.

**Disclosure of Ownership and
 Control Interest Statement**

PART I – Identifying information (Please print or type)

Name of Facility			
Business Address			
City	State	Zip	Telephone ()

PART II (Please print or type)

A. List names, addresses and social security numbers for individual owners, partners, corporation officers, and/or shareholders possessing 5 percent or more of the voting shares in the entity having direct or indirect ownership or controlling interest in the applying tissue bank/nontransplant anatomic bank. For tissue banks owned/operated by not-for-profit corporations, please provide a list of the Board of Directors (See instructions for definition of ownership and controlling interest). If required, list additional names and addresses on a separate sheet and attach to this statement.

Name	
Address	
	Social Security Number

Name	
Address	
	Social Security Number

Name	
Address	
	Social Security Number

Name	
Address	
	Social Security Number



**Disclosure of Ownership and
Control Interest Statement**

- B. Ownership Type: Partnership Government
 Sole Proprietorship Professional Corporation
 For-profit Corporation (specify)
 Not-for-profit Corporation

C. If ownership name is not the same as the tissue bank name, indicate ownership name.

D. Do any of the owners of the applying facility have direct or indirect ownership or controlling interest in any other tissue banks, nontransplant anatomic banks, blood banks or clinical laboratories licensed by New York State?

Yes No If yes, provide the information requested below for each individual.
Attach sheet is necessary.

Owner Name

Other Facility Name & Address

PART III

Answer the following questions by checking the appropriate "Yes" or "No" box.

A. Have the director, any assistant director(s), or those having a direct or indirect ownership or controlling interest in the applicant facility ever been convicted of a criminal offense related to the operation of a tissue bank, non-transplant anatomic bank, blood bank or clinical laboratory, including but not limited to any offense related to the furnishing of or billing for clinical laboratory services and medical care, services or supplies, or which is considered an offense involving theft or fraud? Are such charges currently pending?

Yes No

If yes, list name and address of individuals on a separate sheet and attach to this form.

B. Have the director or medical director, or those having a direct or indirect ownership or controlling interest of 5 percent or more in the applying facility had charges sustained of administrative violations of local, state or federal laws, rules and regulations including, but not limited to, the Public Health law or related statutes, concerning the provision of health care services or reimbursement for such services against them? Are such charges currently pending?

Yes No

If yes, list name and address of individuals on a separate sheet and attach to this form.

C. Is this facility operated by a management company, or leased in whole or in part by another organization?

Yes No

If yes, give name and address of management company or licensee.

Providing false or misleading information in this statement may lead to prosecution under applicable federal or state laws, and may result in denial of the New York State Tissue Bank/Nontransplant Anatomic Bank License.

Name of Authorized Representative (please type)

Title

Signature

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