NEW YORK STATE DEPARTMENT OF HEALTH Blood and Tissue Resources Program Wadsworth Center P. O. Box 509 Albany New York 12201-0509

Form A Application for Licensure – Human Tissue Bank For Limited Tissue Procurement Services

PART I - Activities Performed

Place a checkmark in each box, as applicable, to indicate the donor source and the activity performed.

	Donor solicitation	Donor education	Screen potential donors	Obtain consent	Refer potential donors	Provide staff for tissue acquisition
Reproductive tissue – Donor						
oocytes						
semen						
embryos						
Reproductive tissue – Client Depositor						
oocytes						
semen						
embryos						
testicular tissue						
epididymal aspirates						
ovarian tissue						
Reproductive tissue – Other – List all						
Hematopoietic progenitor cells – Allogeneic						
peripheral blood (HPC-A)						
bone marrow (HPC-M)						
umbilical cord blood (HPC-C)						
Hematopoietic progenitor cells – Autogeneic						
peripheral blood (HPC-A)						
bone marrow (HPC-M)						
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Hematopoietic progenitor cells – Private Storage						
peripheral blood (HPC-A)						
bone marrow (HPC-M)						
umbilical cord blood (HPC-C)						
Other tissues – List all						

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	sponsibility (Ple	ase print of type)				
Director or other person with primary	responsibility for compliance with	n New York State Departmen	nt of Health requirements			
Name		Title	Title			
Name of bank or site						
Business address						
City	State	Zip	Telephone ()			
Days and hours present on site						
Signature			<u> </u>			
PART III	(Ple	ease print or type)				
Identify the New York State-licensed						
.a.s, the rion ronk state hoofied	comprehensive tissue procureme	ent service(s) that perform d	onor selection and/or recovery activities by			
agreement with your facility. Attach	comprehensive tissue procureme additional sheets, if necessary.	ent service(s) that perform d	onor selection and/or recovery activities by			
agreement with your facility. Attach	comprehensive tissue procureme additional sheets, if necessary.	ent service(s) that perform d	onor selection and/or recovery activities by			
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agreement with your facility. Attach	comprehensive tissue procureme additional sheets, if necessary. State	ent service(s) that perform d	onor selection and/or recovery activities by Telephone ()			
Name Business address	additional sheets, if necessary.					
agreement with your facility. Attach a Name Business address City	additional sheets, if necessary.					
Agreement with your facility. Attach	additional sheets, if necessary.					
agreement with your facility. Attach a Name Business address City	additional sheets, if necessary.					
Attach agreement with your facility. Attach and Name Business address City Name	additional sheets, if necessary.					

PART IV

Attach copies of donor solicitation and education materials, including but not limited to, potential donor medical/social history questionnaires, agency consent forms, and potential donor screening criteria.

Note: These documents must be enclosed or the application may be returned.