

PART I - ACTIVITIES PERFORMED

Current New York State tissue bank facility ID #, if applicable: _____

☐ No changes to this section from current license.

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

	INSEMINATION	IMPLANTATION/TRANSFER
Semen		
Anonymous Donor	<input type="checkbox"/>	
Directed Donor	<input type="checkbox"/>	
Client-Depositor¹	<input type="checkbox"/>	
Embryos		
Anonymous Donor		<input type="checkbox"/>
Directed Donor		<input type="checkbox"/>
Client-Depositor¹		<input type="checkbox"/>

1. Client-Depositor does not include intended parents providing reproductive tissue for use by a gestational carrier or surrogate.

If your organization intends to conduct assisted reproductive procedures for a gestational surrogacy agreement, submit DOH-2973(g) Application for ARTSP registration, available at <https://www.wadsworth.org/regulatory/tissue-resources>.

PART II – ADMINISTRATIVE RESPONSIBILITY

☐ No changes to this section from current license.

- A.** Specify tissue bank director (must meet requirements of 10 NYCRR 52-2.5(a)(2)). Submit a copy of current résumé or curriculum vitae, specifically identifying required education, employment, and professional experience.

Name		Title	
Facility Name			
Facility Address			
City	State	ZIP	Phone
Days and hours on site		E-Mail Address	

- B.** Specify tissue bank medical director (must meet requirements of 10 NYCRR 52-2.5(a)(3)). Submit a copy of current résumé or curriculum vitae.

Name		Title	
Facility Name			
Facility Address			
City	State	ZIP	Phone
License number of medical director		State where license issued	
Days and hours on site		E-Mail Address	

PART III – HANDLING OF REPRODUCTIVE TISSUE

☐ No changes to this section from current license.

A. Provide or submit a complete list of all reproductive tissue banks that provide tissue for artificial insemination or assisted reproductive procedures. Include tissue banks responsible for donor qualification and selection, limited procurement (as defined in 52-1.1(ad)(2)), recovery and collection, processing, storage, and distribution (submit additional sheets if necessary):

B. Provide or submit a complete list, including a brief description, of equipment used for storage of reproductive tissue for artificial insemination or assisted reproductive procedures (submit additional sheets if necessary):

C. Submit standard operating procedures, as required by 52-3.5(a)(6), for processing, temporary storage and distribution of reproductive tissue for artificial insemination or assisted reproductive procedures.

PART IV – SIGNATURE

I hereby affirm that all reproductive tissues from anonymous donors and directed donors used in artificial insemination or assisted reproductive procedures are obtained from tissue banks licensed by the New York State Department of Health Tissue Resources Program in the requisite categories.

Tissue Bank Director's Name: _____

Tissue Bank Director's Signature: _____ Date: _____

Medical Director's Name: _____

Medical Director's Signature: _____ Date: _____

Name and Title of person completing form: _____

Signature: _____ Date: _____