

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 the applicable boxes below to indicate the donor sources and activities performed.

Donor Source	Donor Consent	Nontransplant Specimen Acquisition	Nontransplant Specimen Processing	Nontransplant Specimen Storage and Distribution	Use for Medical Research	Use for Health Professional Education
Whole Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Segments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organs (list all)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tissues (list all)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list all)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II – ADMINISTRATIVE RESPONSIBILITY

☐ No changes to this section from current license.

A. Specify Nontransplant Anatomic Bank Director. If facility provides whole body acquisition services¹, the nontransplant anatomic bank director must meet requirements of 10 NYCRR Section 52-11.4(c)(1)(i). Submit copy of current résumé or curriculum vitae, specifically identifying required education, employment, and educational experience.

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

B. Provide the name and title of person with primary responsibility for compliance with New York State Public Health Law Article 43-B.

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

PART III – TECHNICAL STAFF

☐ No changes to this section from current license.

Specify Technical Staff. If facility provides whole body acquisition services¹ and/or uses whole bodies and/or body segments², you are required to complete this portion. List all technical staff, including the highest degree obtained, and job title (submit additional sheets if necessary). Staff of whole body acquisition services¹ must meet requirements of 10 NYCRR Sections 52-11.4(c)(1)(i) - (iii). Staff of whole body users² must meet requirements of 10 NYCRR Section 52-11.5(c). Indicate “NA” if not applicable.

Name	Highest Degree, Field/Major and Date	Job Title/Responsibility

1. Whole body acquisition service - A nontransplant anatomic facility that performs donor solicitation, consent, recovery, processing, storage, and distribution of whole bodies and/or body segments for education and/or research purposes.

2. Whole body user - A nontransplant anatomic facility located in New York State that obtains whole bodies and/or body segments from a whole body acquisition service for education and/or research purposes.

PART IV

☐ No changes to this section from current license.

A. Provide or submit a complete list of all facilities that provide nontransplant anatomic whole bodies, body segments, organs, and/or tissues to the applicant, including facilities performing donor solicitation, recovery, processing, storage, and distribution (submit additional sheets if necessary). Indicate "NA" if not applicable.

B. Provide or submit a complete list of all sites in New York State to which nontransplant anatomic whole bodies, body segments, organs, and/or tissues are distributed by the applicant, including processing, storage, distribution, and usage facilities (submit additional sheets if necessary). Indicate "NA" if not applicable.

C. Submit written protocols and/or standard operating procedures for safety and infection control and donor selection, and donor consent forms.

PART V – SIGNATURE

I hereby affirm that nontransplant anatomic whole bodies, body segments, organs, and/or tissues recovered, processed, stored, distributed and/or used by this facility are for purposes of medical research and/or health professional education specifically authorized by Public Health Law section 4302.

Nontransplant Anatomic Director's Name: _____

Nontransplant Anatomic Director's Signature: _____ Date: _____

Responsibility for Compliance with Article 43-B Name: _____

Responsibility for Compliance with Article 43-B Signature: _____ Date: _____

Name and Title of person completing form: _____

Signature: _____ Date: _____