

PART I – Activities Performed

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

	Reproductive tissue receipt	Reproductive tissue processing	Reproductive tissue storage	Insemination	Implantation/ transfer
Semen					
Anonymous donor					
Directed donor					
Client-depositor					
Testicular biopsy, Epididymal aspirate					
Client-depositor					
Directed donor					
Oocytes					
Anonymous donor					
Directed donor					
Client-depositor					
Ovarian tissue					
Anonymous donor					
Directed donor					
Client-depositor					
Embryos					
Anonymous donor					
Directed donor					
Client-depositor					

PART II – Administrative Responsibility**(Please print or type)**

A. Specify tissue bank director (must meet requirements of 10 NYCRR Section 52-2.5(a)(2)). Attach resume or curriculum vitae, specifically identifying all other employment, and a letter describing experience and how minimum requirements are met.

Name			
Name of bank or site			
Bank or site business address			
City	State	Zip	Telephone ()
Days and hours present on site			

B. Medical Director (if different from above). Must meet requirements of 10NYCRR Section 52-2.5(a)(3). Attach resume or curriculum vitae, unless applicant is also tissue bank director. ☐ Check if the same as tissue bank director.

Name			
Name of bank or site			
Bank or site business address			
City	State	Zip	Telephone ()
Days and hours present on site			

C. List all physicians, nurse practitioners, physician assistants, and registered nurses at the insemination/implantation site who use reproductive tissues from donors and/or client-depositors in artificial insemination or assisted reproductive procedures. Attach an additional page if necessary.

Name	License Number	Reproductive Tissue(s) Used

PART III – Handling of reproductive tissue

A. Describe how reproductive tissues are stored within your facility. Include a list of major equipment used for storage (i.e., freezers, liquid nitrogen canisters, etc.).

B. List names and addresses of all tissue banks from which reproductive tissues for artificial insemination or assisted reproductive procedures are obtained.

C. Attach written procedures for receipt, storage, issuance and tracking of reproductive tissue used at the facility.

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

PART IV

I hereby affirm that all reproductive tissues from anonymous donors, directed donors and client-depositors used in assisted reproductive procedures are obtained from tissue banks licensed by the New York State Department of Health.

_____	_____	____/____/____
Tissue Bank Director's Name	Tissue Bank Director's Signature	m d y

_____	_____	____/____/____
Medical Director's Name	Medical Director's Signature	m d y