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

Form E Application for Licensure – Nontransplant Anatomic Bank

PART I - Activities Performed

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

	Donor solicitation	Donor consent	Nontransplant specimen recovery	Nontransplant specimen processing	Nontransplant specimen storage	Nontransplant specimen distribution	Use for medical research	Use for health professional education
Whole body								
Body segments								
Brain tissue								
Skeletal tissue								
Fetal tissue								
Semen								
Oocytes								
Embryos								
Leftover pathology specimens								
Tumors								
Buccal mucosa								
Hematopoietic progenitor cells – List source(s)								
Organs – List all								
Tissues – List all								
Other nontransplant specimens – List all								

PART II	- Administ	trative Res	sponsibility
	/ (МПППП		

(Please print or type)

Δ	Nontransp	lant A	natomic	Rank	Direct	tor
П.	Nonliansp	ıaıı <i>r</i>	lialonnic	Dalin	טווכט	LUI

For acquisition of whole bodies and body segments, director must meet requirements of 10 NYCRR Section 52-11.4(c)(1)(i). Attach resume or curriculum vitae.

Name									
Name of bank or site									
Bank or site business Address									
City	State		Zip		Telep	phone ()			
Days and hours present on site									
Signature							/_ m	/_	у
B. Provide the name and title of person	with pri	mary responsibility for	r comp	liance with New Y	ork Sta	ate Public Health La	aw Article	43-B.	
Name									
Name of bank or site									
Bank or site business Address				T		T			
City		State		Zip		Telephone ()		
Days and hours present on site									
Signature							/_ m	/_ /	v
• •									,
PART III – Technical Staff		(Please prin	t or t	ype)					
To be completed by whole body acquisiti	ion serv	vices ¹ and whole body	/ users	² . List all technical	staff, i	ncluding the highe	st degree	obtained	, and
job title. Attach additional sheets if nece 52-11.4(c)(1)(ii), and 52-11.4(c)(1)(iii). V	ssary.	Whole body acquisition	on serv	ices must meet re	quirem	ents of 10 NYCRR	R Sections	52-11.4(c)(1)(i),
¹ Whole body acquisition service – A nontranplant anatomic bank that solicits, retrieves, performs donor selection and testing, preserves, transports, allocates, distributes, acquires,									
processes, stores, or arranges for the storage of w ² Whole body user – A nontransplant anatomic ba							acquisition se	ervice.	
Name		Highest Degree: m	ajor an	d date	J	ob Title/Responsib	oility		

PARTIV	(Please print or type)	
A. If applicable, attach a complete list of all entiti	ies that provide nontransplant anatomic parts to the applicant, inclu	ding addresses.
B. If applicable, attach a complete list of all sites including addresses.	s in New York State to which nontransplant anatomic parts are distr	ibuted by the applicant,
C. If applicable, attach copies of donor solicitation	on/selection protocols and consent forms.	
PART V		
I hereby affirm that nontransplant anatomic parts health professional education specifically author	s collected, used and/or distributed by this facility are for purposes of ized by Public Health Law section 4302.	of medical research and/or
Director's Name	Divoctor's Signature	
Director's Name	Director's Signature	m d y