

**PART I (See instructions for definitions)**

Name of bank \_\_\_\_\_

Tissue banking services (check all that apply)

**Limited Tissue Procurement** (Attach completed Form A)

- Oocyte donor solicitation and education
- Tissue donor referral service
- Other limited tissue procurement activities

**Comprehensive Tissue Procurement** (Attach completed Form B)

- Donor solicitation and selection, other than donors of reproductive tissue and hematopoietic progenitor cells
- Recover, retrieve, or collect tissue, other than reproductive tissue and hematopoietic progenitor cells

**Comprehensive Tissue Procurement, Reproductive Tissue** (Attach completed Form B-1)

- Solicitation and selection of reproductive tissue donors
- Collect or arrange for the collection of reproductive tissue

**Comprehensive Tissue Procurement, Hematopoietic Progenitor Cells** (Attach completed Form B-2)

- Solicitation and selection of hematopoietic progenitor cell donors
- Collect or arrange for the collection of hematopoietic progenitor cells

**Tissue Processing** (Attach completed Form B)

- Processing and storage of tissue, other than reproductive tissue and hematopoietic progenitor cells

**Tissue Processing, Reproductive Tissue** (Attach completed Form B-1)

- Processing and storage of reproductive tissue

**Tissue Processing, Hematopoietic Progenitor Cells** (Attach completed Form B-2)

- Processing and storage of hematopoietic progenitor cells

**Tissue Storage** (Attach completed Form B)

- Storage and distribution of tissue, other than reproductive tissue and hematopoietic progenitor cells

**Tissue Storage, Reproductive Tissue** (Attach completed Form B-1)

- Storage and distribution of reproductive tissue

**Tissue Storage, Hematopoietic Progenitor Cells** (Attach completed Form B-2)

- Storage and distribution of hematopoietic progenitor cells

**Tissue Transplantation** (Attach completed Form C)

- Temporary storage and issuance of tissue for transplantation (clinical use)

**Insemination/Implantation** (Attach completed Form D)

- Temporary storage and issuance of reproductive tissue for clinical use

**Nontransplant Anatomic Banking** (Attach completed Form E)

- Donor solicitation of whole bodies and/or body segments
- Acquisition of whole bodies and/or body segments
- Processing of whole bodies and/or body segments
- Use of whole bodies and/or body segments for medical research and/or education
- Solicitation and recovery of nontransplant anatomic parts, other than whole bodies and body segments
- Use of nontransplant anatomic parts, other than whole bodies and body segments, for medical research and/or education
- Distribution of nontransplant anatomic parts, whole bodies, and/or body segments to a site in New York

For Blood and Tissue Resources Program  
use only

New Application

Amended Application

License number \_\_\_\_\_

Date Received \_\_\_\_\_

## PART II

Complete sections A., B., C., and D.

A. Name of bank or site			
Address/location			
City	State	Zip	County
Telephone (        )		Fax (        )	
Contact Name, title			
E-mail address		Days and hours of operation	

B. Mailing address (if different from above)
--

C. Nature of Site
Medical School
Hospital or other Article 28 facility
Blood bank
Independent facility
Physician's Office
Other

D. Ownership
<input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Not-for-profit Corporation
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation
Other (specify) _____
Unless an Article 28 facility, attach a completed form DOH-2973(f) (Disclosure of Ownership and Control Interest Statement ). If a partnership, submit a copy of the partnership agreement. If a corporation, not-for-profit corporation, limited liability corporation or professional corporation, include a copy of the certificate of incorporation.

## PART III

I hereby affirm under penalty of perjury that the information provided on this form and all attachments is true to the best of my knowledge and belief. No tissue banking activities other than those identified in this application, are being conducted at this site without New York State licensure.

\_\_\_\_\_  
Owner's name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d y