

**PART I – Activities Performed**

No changes to this section from current license.

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

Place a checkmark in applicable boxes to indicate the activities performed.

	Donor Consent	Nontransplant Specimen Acquisition	Nontransplant Specimen Processing	Nontransplant Specimen Storage and Distribution	Use for Medical Research	Use for Health Professional Education
Whole Body						
Body Segments						
Organs – List All:						
Tissues – List All:						
Other – List All:						

**PART II – Administrative Responsibility****No changes to this section from current license.**

A. Specify Nontransplant Anatomic Bank Director. If facility provides whole body acquisition services<sup>1</sup>, 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. Indicate “NA” if not applicable.

Name		Title	
Name of facility			
Facility business address			
City	State	Zip	Telephone
Days and hours present 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	
Name of facility			
Facility business address			
City	State	Zip	Telephone
Days and hours present 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 services<sup>1</sup> and/or uses whole bodies and/or body segments<sup>2</sup>, 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 services<sup>1</sup> must meet requirements of 10 NYCRR Sections 52-11.4(c)(1)(i) - (iii). Staff of whole body users<sup>2</sup> must meet requirements of 10 NYCRR Section 52-11.5(c). Indicate “NA” if not applicable.

Name	Highest Degree: major and date	Job Title/Responsibility

<sup>1</sup> 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.

<sup>2</sup> 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 donor solicitation, recovery, processing, storage, and distribution facilities (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 recovery, processing, storage, distribution, and/or usage of nontransplant anatomic whole bodies, body segments, organs, and/or tissues. If applicable, submit copies of nontransplant anatomic donor medical and social history questionnaire forms, consent forms, and applicable donor selection criteria and protocols.

**PART V**

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.

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**Nontransplant Anatomic Director's Name**


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**Nontransplant Anatomic Director's Signature**


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**Date**


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**Responsibility for Compliance with Article 43-B Name**


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**Responsibility for Compliance with Article 43-B Signature**


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**Date**


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**Name of person completing form**


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**Signature**


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**Date**