NEW YORK STATE DEPARTMENT OF HEALTH
Tissue Resources Program
Wadsworth Center, Empire State Plaza
Albany, NY 12237

Form C
Application for Licensure – Human Tissue Bank
For Tissue and Hematopoietic Progenitor Cell (HPC) Transplantation Facilities

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 applicable boxes below to indicate the tissues transplanted.

	ALLOGENEIC	AUTOLOGOUS[1]
Cardiovascular Tissue	☐	
Musculoskeletal Tissue	☐	☐
Skin Tissue	☐	☐
Eye Tissue	☐	
Nerve Tissue	☐	
Amniotic Membrane	☐	
Human Milk	☐	
Hematopoietic Progenitor Cells (HPCs)		
Peripheral Blood	☐	☐
Bone Marrow	☐	☐
Umbilical Cord Blood	☐	☐
Other Human Tissues (list all)	☐	☐
Tissue Derived Products[2] (list source(s))	☐	☐

1. **Autologous** – tissue or hematopoietic progenitor cells that were recovered from the patient in a previous medical procedure, and processed by an appropriately licensed facility.
2. **Tissue Derived Products** include, but are not limited to, products that contain hematopoietic progenitor cells from other sources than above, mesenchymal stem cells, or other cells derived from tissue.

PART II – ADMINISTRATIVE RESPONSIBILITY

☐ No changes to this section from current license.

A. Tissue Bank Compliance Officer

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

B. Has a Director, who is a physician licensed and currently registered to practice medicine in New York State, been appointed for each tissue transplantation service within the tissue transplantation facility? ☐ Yes ☐ No

PART III – TISSUE AND HPC PROVIDERS

☐ No changes to this section from current license.

A. Provide or submit a complete list of all tissue and/or hematopoietic progenitor cell banks that provide tissue, milk and/or hematopoietic progenitor cells to the applicant for transplantation (submit additional sheets if necessary):

B. Provide or submit a complete list, including a brief description, of equipment used for tissue, milk and or hematopoietic progenitor cell storage (submit additional sheets if necessary):

C. Submit standard operating procedures, as required by 52-3.5(a)(6), for receipt, storage, distribution, issuance, and tracking of tissue, milk or hematopoietic progenitor cells for transplant.

PART IV – SIGNATURE

I hereby affirm that all tissue, milk and/or hematopoietic progenitor cells transplanted by the applicant facility are obtained from tissue and/or hematopoietic progenitor cell banks licensed by the New York State Department of Health Tissue Resources Program in the requisite categories.

Tissue Bank Compliance Officer's Name: _____

Tissue Bank Compliance Officer's Signature: _____ **Date:** _____

Name and Title of person completing form: _____

Signature: _____ **Date:** _____