

New York State Department of Health
Blood Resources Program
Wadsworth Center
Empire State Plaza
Albany, NY 12237

Limited Transfusion Service (LTS) where blood component(s) will be administered

Facility _____ **Phone** _____

Address _____
City State Zip County

Does this facility have a laboratory permit issued by the NYSDOH Clinical Laboratory Evaluation Program? Yes No
If yes, contact the Blood Resources Program at brp@health.ny.gov.

LTS Owner _____

Address (if different) _____
City State Zip County

Ownership Hospital-owned Physician-owned and operated Other _____

Is this facility a small business (for profit, with fewer than 100 employees?) Yes No

LTS Director _____ **Title** _____

Phone _____ **E-mail Address** _____

LTS Contact Person _____ **Title** _____

Phone _____ **E-mail Address** _____

Services Offered Ambulatory Surgery Dialysis Cancer Treatment IV Therapy

Other _____

Blood component(s) to be transfused RBCs Platelets Plasma Other _____

Blood Bank from which blood component(s) will be obtained

Facility _____ **Lab PFI#** _____

Address _____
City State Zip County

Blood Bank Director _____ **Title** _____

Phone _____ **E-mail Address** _____

Blood Bank Contact Person _____ **Title** _____

Phone _____ **E-mail Address** _____

I certify that I am authorized to submit this application on behalf of the applicant LTS and the information provided is complete and accurate.

Name _____ **Title** _____
(Print) (Print)

Signature _____ **Date** _____

Please submit the application, checklist, and an agreement signed by the Director of the Blood Bank and the Director of the Limited Transfusion Service specifying the division of responsibilities pursuant to 10 NYCRR, Subpart 58-2, Blood Banks, to the Blood Resources Program using brp@health.ny.gov.