

TISSUE BANK – CONTACT PERSON DATA SHEET FORM

(PLEASE COMPLETE ON-LINE OR PRINT)

Date: _____

Tissue Bank License ID Number C

Name of Tissue Bank printed on license:	(New application: Tissue Bank name that is to be printed on license)

Name of Current Tissue Bank Director:	

Tissue Bank Director Telephone number / voicemail:	

Name and Title of Tissue Bank Contact Person:	

Contact Person Telephone number / voicemail:	

Contact Person Fax number:	

Contact Person e-mail address:	

Compliance / Regulatory Person - Name and Telephone number / voicemail:	

Backup person(s) to call in your absence – Name, Title, and Telephone number / voicemail:	
(1) _____	
(2) _____	
Facility Name: _____	
Tissue Bank License to be mailed to:	Attention: _____
	Address: _____
	City, State, Zip: _____
Director or Contact Person’s signature: _____	

Return this Data Sheet Form with your Renewal or New Tissue Bank Application