

The completed form should be sent to:  
 The Director  
 Healthcare Standards Directorate  
 Regulation Department  
 SLH-OPD-Level 1  
 St Luke's Square,  
 G'Mangia



For Office Use:  
 Date of Registration:  
 .....  
 Registration Number:  
 .....

### Tissue/Cell Authorisation Application Form

Tissue/Cell Entity Details	
Licence number/s of any authorizations already held	
Name of applicant (licensee)	
Name of Tissue/Cell Entity	
Address(es) of Tissue/Cell Entity site(s) (All licensed sites should be listed if not covered by separate licenses)	
Legally registered address of license	

Activities for which authorisation is being sought: Please tick the relevant boxes to indicate the prescribed activities for which authorisation is being sought		TISSUES		CELLS:	
Donation	<input type="checkbox"/>	<b>Cardiac/vascular</b> Pericardium Arterial vessels Other cardiovascular	<input type="checkbox"/>	<b>Stem Cells</b> Bone marrow Peripheral blood stem cells Cord blood Other stem cells Stem cell lines	<input type="checkbox"/>
Procurement	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Processing	<input type="checkbox"/>	<b>Skin</b>	<input type="checkbox"/>	<b>Donor lymphocyte infusions</b>	<input type="checkbox"/>
Storage	<input type="checkbox"/>	<b>Skeletal</b> Bone Tendons Meniscus	<input type="checkbox"/>	<b>Reproductive cells</b> Oocytes Sperm Other cells	<input type="checkbox"/>
Distribution	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Import	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Export	<input type="checkbox"/>	<b>Amniotic membrane</b>	<input type="checkbox"/>		
		<b>Reproductive tissue</b> Ovarian Testicular	<input type="checkbox"/>		
			<b>Other tissues</b>		<b>Fertilised oocytes</b> Embryos Blastocytes Zygotes Other
				<b>Other cells</b> _____	<input type="checkbox"/>

Name of applicant	Signature	Date	

**For office use only:**

Name of Competent Authority officer	Signature of Competent Authority Officer	Date	Competent Authority Stamp