



**APPLICATION FORM FOR THE CONDITIONAL REGISTRATION
OF A NON-TRANSPLANT ANATOMICAL
DONATION ORGANIZATION (NADO)**

Texas Occupations Code Section 691.001(5) defines a “non-transplant anatomical donation organization” (“NADO”) as a person accredited to engage in the recovery, receipt, screening, testing, processing, storage, or distribution of tissue or human remains for any purpose other than transplantation into a living individual in Texas. All applicants must complete the following form, provide the required documentation, and undergo a criminal background check as instructed by the Texas Funeral Service Commission. Completed applications may be e-mailed to anatomical@tfsc.texas.gov or by mail to:

Texas Funeral Service Commission
1801 Congress Avenue, Suite 11.801
Austin, TX 78701

Applicants also must comply with Texas Health and Safety Code, Chapter 691 as amended by 88th Legislature, Regular Session,¹ and to the extent such rules do not conflict with state statute, and until the Texas Funeral Service Commission establishes new rules, Texas Administrative Code, title 25, part 4,

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=3&ti=25&pt=4](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=25&pt=4).

The Texas Funeral Service Commission may ask for additional information based on the answers provided in the application.

Name of Applicant NADO:	
Physical Address:	
City, State, Zip:	

¹ The primary bill that revised Chapter 691 was Senate Bill 2040 (88th R), which can be viewed at <https://capitol.texas.gov/tlodocs/88R/billtext/html/SB02040F.htm>



Mailing address (if different from the Physical Address):	
City, State, Zip:	
Telephone Number:	
Name (First Name and Last Name), phone number, and email address for the primary contact for the NADO: *Individual must be in Texas	
Mailing Address of NADO Headquarters: <i>(If different from the address listed above)</i>	
City, State, Zip:	
Telephone Number:	



1. Is the Applicant facility currently accredited by the American Association of Tissue Banks pursuant to the Association's Standards for Non-Transplant Anatomical Donation?

Yes

No

2. If the answer to #1 is yes, please answer the following questions regarding the Applicant facility's AATB accreditation:

A) Provide the address of the facility that is accredited by the AATB if different from the contact information provided above.

B) List the original accreditation date for the Applicant facility, any renewal dates, and the expiration for the current accreditation.

C) Since accredited, has the Applicant facility's accreditation ever been suspended, revoked, or faced other disciplinary measures from AATB? If yes, please explain the underlying circumstance(s) that led to the discipline and the outcome.

D) Provide the date of Applicant facility's most recent inspection by the AATB, what the inspection covered, and when the next inspection will be. Provide any documentation given by AATB regarding the inspection.



E) Provide documentation supporting Applicant facility's accreditation status.

3. If the answer to #1 is no, is the Applicant facility in the process of becoming AATB accredited?

Yes No

If yes, please answer the following questions.

A) Provide the address of the facility that Applicant is seeking accreditation status for if different from the contact information provided above.

B) Provide the date that the Applicant initiated accreditation process with the AATB, the Applicant's current status in the accreditation process, and documentation from AATB confirming that the Applicant facility is in the process of becoming accredited.

C) Has the Applicant been inspected by AATB?

i.) If yes, please provide the date of the inspection, what it covered, and any documentation given by AATB regarding the inspection.



ii.) If no, has the facility ever been inspected? If so, please provide the entity that conducted the inspection, the date, what the inspection covered, and any documentation given by the inspecting entity regarding the inspection.

- 4. To the extent that there is no duplication with the accreditation requirements set forth in the Standards for Non-Transplant Anatomical Donation established by the AATB, does the Applicant Entity satisfy all of the health, safety, and public welfare standards set forth in Texas Administrative Code, title 25, part 4, chapter 479, Rule 479.3?**

- 5. Describe the Applicant facility's record-keeping system to track each body or anatomical specimen received from the Texas Funeral Service Commission pursuant to Texas Health and Safety Code Section 691.033.**

- 6. Do any of the commission members of the Texas Funeral Service Commission hold an ownership interest in the organization? (Texas Health & Safety Code, Section 691.034(f)).**



- 7. Does a licensee/Do licensees of the Texas Funeral Service Commission hold an ownership interest in the organization? If yes, please identify the licensee, the license number, and the ownership interest. (Texas Health & Safety Code, Section 691.034(f)).**

- 8. Has the Applicant facility ever had a license or registration revoked, suspended, or other disciplinary action taken, including legal action, taken for improperly using a body or anatomical specimen in Texas or another jurisdiction? If yes, please explain the disciplinary action taken and the outcome. (Texas H&SC Section 691.034 (c))**

- 9. Has a legal judgment or order, administrative penalty, or other disciplinary action ever been issued against the applicant entity—whether in Texas or another jurisdiction? If yes, please describe the circumstances and the outcome.**

- 10. Has the Applicant facility received any approval or authorization from an entity outside of TFSC or AATB to operate as a “non-transplant anatomical donation organization” as defined by Section 691.(5), Texas Health and Safety Code? If so, please list the entity(ies), the date of approval or authorization, and proof of the facility’s approval or authorization to operate as a NADO.**



Sworn Statement

I swear that the Applicant facility is currently compliant with all applicable state laws and statutes, including but not limited to Texas Health and Safety Code, Chapters 691 and 692A, as well as the accreditation standards established by the American Association of Tissue Banks to the extent that such standards apply to the facility while in the process of seeking full accreditation. I will notify the Texas Funeral Service Commission immediately if the facility is granted or denied accreditation by the AATB. I understand that the conditional registration to operate as a non-transplant anatomical donation organization in the State of Texas is contingent on the Applicant facility receiving full accreditation status with AATB, and that should such accreditation be denied, any conditional registration will no longer be effective. I solemnly swear that the information contained within this application is correct and true.

Signature

Date

Printed Name

Title

Signature of Notary Public

Date

List County/State