



APPLICATION FORM FOR THE 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 organization currently accredited by the American Association of Tissue Banks pursuant to the Association's Standards for Non-Transplant Anatomical Donation?

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. 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?

4. 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.

5. 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)).



- 6. 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)).**

- 7. 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))**

- 8. 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.**



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 amended by the 88th Texas Legislature, as well as the accreditation standards established by the American Association of Tissue Banks. I will notify the Texas Funeral Service Commission immediately if the facility loses its accreditation with the AATB. 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