

# NEW YORK STATE DEPARTMENT OF HEALTH

## LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Facility ID: 60*

**HPC Bank Director:**  
Neil Blumberg, M.D.  
Director, Transfusion Medicine

**Tissue Bank Compliance Officer:**  
Neil Blumberg, M.D.  
Director, Transfusion Medicine

**Medical Director:**  
Jane Liesveld, M.D.

**Transfusion Medicine Unit & Blood Bank**  
Strong Memorial Hospital  
601 Elmwood Ave., PO Box 608  
Rochester, NY 14642

is hereby **APPROVED** as a Tissue Bank for the following categories of service:

Comprehensive Tissue Procurement Service

Tissue Transplantation Facility

Tissue Processing Facility

Hematopoietic progenitor cells from peripheral blood and bone marrow of autogeneic and allogeneic donors

Hematopoietic progenitor cells form peripheral blood, bone marrow, and umbilical cord blood of autogeneic and allogeneic donors

Hematopoietic progenitor cells from peripheral blood and bone marrow of autogeneic and allogeneic donors

**Issued: June 23, 2021**

**Owner: University of Rochester/Strong Memorial Hospital**

**Expires: July 1, 2023**

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

LISA J. PINO, M.A., J.D.  
Executive Deputy Commissioner

June 23, 2021

Neil Blumberg, M.D.  
HPC Bank Director  
Strong Memorial Hospital  
601 Elmwood Ave., PO Box 608  
Rochester, NY 14642  
FAC ID: 60

Dear Dr. Blumberg,

We have determined that your plan of correction satisfactorily addresses the deficiency identified on the most recent on-site survey of your hematopoietic progenitor cell bank. Please find the enclosed license certificate for hematopoietic progenitor cell bank operation for the following location:

Strong Memorial Hospital  
601 Elmwood Ave., PO Box 608  
Rochester, NY 14642

The license is effective until July 1, 2023. The certificate replaces the previous, issued on August 17, 2018. The certificate must be posted conspicuously at the approved location.

In accordance with the provisions of 10 NYCRR Section 58-5.10(b), the Department may request a summary of the activities of your hematopoietic progenitor cell bank. Please report, in writing, any change in director, medical director, or tissue bank compliance officer within (5) days. Also, report changes in direct or indirect ownership within thirty (30) days and keep the Department informed of any relocation of facilities.

Application forms and specifics of 10 NYCRR Part 52 and Subpart 58-5 regulations are available online at <https://www.wadsworth.org/regulatory/tissue-resources>. If you have any questions, please call (518) 485-5341, or e-mail to [btraxess@health.ny.gov](mailto:btraxess@health.ny.gov).

Sincerely,

Diane Sullivan  
Tissue Bank Consultant  
Tissue Resources Program

Enclosure