



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

**Department of State Health Services Council Work Session
Wednesday, June 13, 2012
Austin, Texas**

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. (*Please complete a separate form for each agenda topic on which you wish to provide comments*):

1 - A (ITEM)

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME: JOHN CARBONA
ADDRESS: 11970 N CENTRAL EXP # 280
CITY: DALLAS STATE: TX ZIP: 75243
PHONE NUMBER: (972) 331-1905 REPRESENTING: BIO LIFE

Signature: _____

Date: 6/13/2012

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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1a

Summary of Comments:

1a

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Curtis Wingo, ADDRESS: 120 KUMMANN Rd., CITY: Fredericksburg, STATE: Tex, ZIP: 78624, PHONE NUMBER: (210), REPRESENTING:

Signature:

Handwritten signature of Curtis Wingo

Date:

6-13-12

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1 A

Summary of Comments:

News Re: Autologous Stem Cell Banking

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, containing handwritten information for Dr. Mary Pat Moye.

Signature: [Handwritten Signature] Date: 6/13/12

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/A

Summary of Comments:

Supporting DSHS rules

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Mario Salinas.

Signature:

Handwritten signature of Mario Salinas

Date:

June 13 2012

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Item 1.D.: Amendments to rules concerning the regulation of abortion facilities

Summary of Comments:

- Support new rules
- Asking rules matched lege intent more.
- Asking why proposed draft was changed, concerning what questions are asked in case of abortion complications.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for John Seago.

Signature:

Handwritten signature of John Seago

Date:

6/13/12

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