

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/PS) <i>(See reverse side for instructions)</i>	1. REGISTRATION NUMBER (Field Establishment Identifier) FEI: 3003449188	2. REASON FOR SUBMISSION a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY 1 VALIDATED BY FDA:21-DEC-2011 DISTRICT: San Francisco PRINTED BY FDA:13-JAN-2012
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION	11. HCT/PS DESCRIBED IN 21 CFR 1271.10	12. HCT/PS REGULATED AS MEDICAL DEVICES	13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)																					
3. OTHER FDA REGISTRATIONS a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:30%;">Types of HCT / Ps</th> <th colspan="8" style="text-align: center;">Establishment Functions</th> <th rowspan="2">11. HCT/PS DESCRIBED IN 21 CFR 1271.10</th> <th rowspan="2">12. HCT/PS REGULATED AS MEDICAL DEVICES</th> <th rowspan="2">13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS</th> <th rowspan="2">14. PROPRIETARY NAME(S)</th> </tr> <tr> <th>Recover</th> <th>Screen</th> <th>Test</th> <th>Package</th> <th>Process</th> <th>Store</th> <th>Label</th> <th>Distribute</th> </tr> </thead> </table>					Types of HCT / Ps	Establishment Functions								11. HCT/PS DESCRIBED IN 21 CFR 1271.10	12. HCT/PS REGULATED AS MEDICAL DEVICES	13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)	Recover	Screen	Test	Package	Process	Store	Label	Distribute
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4. PHYSICAL LOCATION <i>(Include legal name, number and street, city, state, country, and post office code)</i> Northern California Transplant Bank 2593 Kerner Blvd. San Rafael, California 94901 a. PHONE 415-455-9000 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone		X							X																
	b. Cartilage		X							X																
	c. Cornea		X			X	X	X	X	X			VisionGraft													
	d. Dura Mater																									
	e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous																									
	f. Fascia		X							X																
	5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve																								
		h. Ligament		X						X																
		i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous																								
		j. Pericardium		X						X																
6. MAILING ADDRESS OF REPORTING OFFICIAL <i>(Include institution name if applicable, number and street, city, state, country, and post office code)</i> Tissue Banks International - National Eye Bank Center Attn: Todd Meinecke 1770 Moriah Woods Blvd Suite 18 Memphis, Tennessee 38117 a. PHONE 901-202-6822 EXT _____	k. Peripheral Blood Stem Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic																									
	l. Sclera		X				X	X	X			VisionGraft														
	m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous																									
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE _____	n. Skin		X						X																	
	o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic																									
8. U.S. AGENT a. E-MAIL _____	p. Tendon		X						X																	
	q. Umbilical Cord Blood Stem Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic																									
	r. Vascular Graft																									
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Todd Meinecke b. E-MAIL tmeinecke@tbionline.org c. TITLE Director, Network Quality d. DATE 20-DEC-2011	s.																									
	t.																									
	u.																									
	v.																									