

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,                  AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)</b> (See reverse side for instructions)	<b>1. REGISTRATION NUMBER</b> (FDA Establishment Identifier)  FEI: 3001236642	<b>2. REASON FOR SUBMISSION</b> a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input checked="" type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	<b>VALIDATION--FOR FDA USE ONLY</b> VALIDATED BY FDA:13-JUN-2017 DISTRICT: New Orleans PRINTED BY FDA:22-JUN-2017
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION																																																																																																																																																																																																																																																																																																																																											
<b>3. OTHER FDA REGISTRATIONS</b> a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width:40%;">10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps</th> <th colspan="9">Establishment Functions</th> <th rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">11. HCT/Ps DESCRIBED IN 21 CFR 1271.10</th> <th rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">12. HCT/Ps REGULATED AS MEDICAL DEVICES</th> <th rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS</th> <th rowspan="2" style="width:15%;">14. PROPRIETARY NAME(S)</th> </tr> <tr> <th>Types of HCT / Ps</th> <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> <tr> <td>a. 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<b>4. PHYSICAL LOCATION</b> (Include legal name, number and street, city, state, country, and post office code) Alabama Eye Bank  500 Robert Jemison Road Birmingham, Alabama 35209-3070  a. PHONE 205-942-2120 EXT 8334 b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY																																																																																																																																																																																																																																																																																																																																												
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<b>6. MAILING ADDRESS OF REPORTING OFFICIAL</b> (Include institution name if applicable, number and street, city, state, country, and post office code) Alabama Eye Bank Attn: Kyle Mavin, CEBT 500 Robert Jemison Road Birmingham, Alabama 35209-3070  a. PHONE 205-942-2120 EXT 8334																																																																																																																																																																																																																																																																																																																																												
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<b>9. REPORTING OFFICIAL'S SIGNATURE</b>  a. TYPED NAME Kyle Mavin, CEBT b. E-MAIL kmavin@alabamaeyebank.org c. TITLE CTO	d. DATE 12-JUN-2017																																																																																																																																																																																																																																																																																																																																											