

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) (See reverse side for instructions)	1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 3003562222	2. REASON FOR SUBMISSION 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	VALIDATION--FOR FDA USE ONLY 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	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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	Recover	Screen	Test	Package	Process	Store	Label	Distribute																		
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Alabama Eye Bank Southeast Regional Office 400 Eastern Blvd., Suite 100 Montgomery, Alabama 36117 a. PHONE 205-313-8343 EXT _____ b. <input checked="" type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. 3001236642) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone b. Cartilage c. Cornea d. Dura Mater e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous f. Fascia g. Heart Valve h. Ligament i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous j. Pericardium k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic l. Sclera m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous n. Skin o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic p. Tendon q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic r. Vascular Graft																									
5. ENTER CORRECTIONS TO ITEM 4																										
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) Alabama Eye Bank Southeast Regional Office Attn: Kyle H. Mavin, CEBT 500 Robert Jemison Road Birmingham, Alabama 35209 a. PHONE 205-942-2120 EXT 8334																										
7. ENTER CORRECTIONS TO ITEM 6																										
8. U.S. AGENT a. E-MAIL																										
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Kyle H. Mavin, CEBT b. E-MAIL kmavin@alabamayeeyebank.org c. TITLE CTO d. DATE 12-JUN-2017	s. t. u. v.																									