

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> <i>(See reverse side for instructions)</i>				<b>1. REGISTRATION NUMBER</b> (Field Establishment Identifier)  FEI: 1000519667		<b>2. REASON FOR SUBMISSION</b> 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 VALIDATED BY FDA:02-JAN-2009 DISTRICT: Los Angeles PRINTED BY FDA:05-JAN-2009																																																																																																																																																																																																																																																																																																																																																																																																	
<b>PART I - ESTABLISHMENT INFORMATION</b>				<b>PART II - PRODUCT INFORMATION</b>							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)																																																																																																																																																																																																																																																																																																																																																																																														
<b>3. OTHER FDA REGISTRATIONS</b> a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2856 NO. _____				<b>10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: center;">Types of HCT / Ps</th> <th colspan="8" style="text-align: center;">Establishment Functions</th> <th rowspan="2"></th> <th rowspan="2"></th> <th rowspan="2"></th> </tr> <tr> <th style="text-align: center;">Recover</th> <th style="text-align: center;">Screen</th> <th style="text-align: center;">Test</th> <th style="text-align: center;">Package</th> <th style="text-align: center;">Process</th> <th style="text-align: center;">Store</th> <th style="text-align: center;">Label</th> <th style="text-align: center;">Distribute</th> </tr> </thead> <tbody> <tr><td>a. Bone</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b. 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<b>4. PHYSICAL LOCATION</b> <i>(Include legal name, number and street, city, state, country, and post office code)</i> California Cryobank, Inc. 1019 Gayley Ave. Los Angeles, California 90024  a. PHONE 310-443-5245 EXT 44 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> <i>(Include institution name if applicable, number and street, city, state, country, and post office code)</i> California Cryobank, Inc. Attn: Diana C. Schillinger 11915 La Grange Avenue Los Angeles, California 90025-5213  a. PHONE 310-443-5244 EXT 1160																																																																																																																																																																																																																																																																																																																																																																																																										
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<b>9. REPORTING OFFICIAL'S SIGNATURE</b>  a. TYPED NAME Diana C. Schillinger b. E-MAIL dschillinger@cryobank.com c. TITLE Compliance Manager d. DATE 10-DEC-2008																																																																																																																																																																																																																																																																																																																																																																																																										