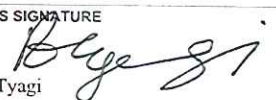


DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,                  AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/PS)</b> (See reverse side for instructions)	<b>1. REGISTRATION NUMBER</b> (Field Establishment Identifier)  FEI: 3005342355	<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	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:11-FEB-2011 DISTRICT: Los Angeles PRINTED BY FDA:11-FEB-2011																																																																																																																																																																																																																																																																																																																	
<b>PART I - ESTABLISHMENT INFORMATION</b> 3. OTHER FDA REGISTRATIONS a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____  4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) California Cryobank, Inc.; California Cryobank Stem Cell Services, Inc., DBA FamilyCord 11915 La Grange Avenue Los Angeles, California 90025-5213  a. PHONE 310-443-5244 EXT 1172 b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT <input type="checkbox"/> MANUFACTURING ESTABLISHMENT FEI NO. _____ c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY  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) California Cryobank, Inc. Attn: Rama Tyagi 11915 La Grange Avenue Los Angeles, California 90025-5213  a. PHONE 310-443-5244 EXT 1172 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE _____  8. U.S. AGENT  a. E-MAIL 9. REPORTING OFFICIAL'S SIGNATURE  a. TYPED NAME Rama Tyagi b. E-MAIL rtyagi@cryobank.com c. TITLE Director, Quality/Regulatory Affairs d. DATE 10-FEB-2011	<b>PART II - PRODUCT INFORMATION</b> 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Types of HCT / Ps</th> <th colspan="8">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 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> <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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