

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**  
(Field Establishment Identifier)

FEI: 1000519667

**2. REASON FOR SUBMISSION**

- a. ☐ INITIAL REGISTRATION / LISTING  
b. ☒ ANNUAL REGISTRATION / LISTING  
c. ☐ CHANGE IN INFORMATION  
d. ☐ INACTIVE

**VALIDATION—FOR FDA USE ONLY**

VALIDATED BY FDA:29-NOV-2011  
DISTRICT: Los Angeles  
PRINTED BY FDA:02-DEC-2011

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**PART I - ESTABLISHMENT INFORMATION**

**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.  
1019 Gayley Ave.  
Los Angeles, California 90024

a. PHONE 310-443-5244 EXT 1165

- b. ☐ SATELLITE RECOVERY ESTABLISHMENT  
(MANUFACTURING ESTABLISHMENT FEI NO. \_\_\_\_\_)  
c. ☐ 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 28-NOV-2011

**PART II - PRODUCT INFORMATION**

**10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps**

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				
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 Cells <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 checked="" type="checkbox"/> Anonymous	X	X		X	X	X	X		X			
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 Stem Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
r. Vascular Graft												
s.												
t.												
u.												
v.												