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**HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query  
 Establishment Details**

Establishment Name and Location

Current Status: Registered  
 Last Annual Registration Year: 2018  
 FDA Establishment Identifier (FEI): 3008808182  
 Establishment Name: Community Blood Center dba Community Tissue Services  
 Address: 2900 College Drive  
 City: Kettering  
 State: Ohio  
 Zip: 45420  
 Country: United States  
 Phone: 937-222-0228

Establishment Functions

	Types of HCT/P's	Recover	Screen	Test	Package	Process	Store	Label	Distribute
a.	Bone				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Cartilage				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Cornea								
d.	Dura Mater								
e.	Embryo								
f.	Fascia				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g.	Heart Valve								
h.	Ligament				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i.	Oocyte								
j.	Pericardium				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k.	Peripheral Blood Stem Cells								
l.	Sclera								
m.	Semen								
n.	Skin						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o.	Somatic Cell Therapy Products								
p.	Tendon				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q.	Umbilical Cord Blood Stem Cells								
r.	Vascular Graft								

Establishment HCT/P Listing

Types of HCT/P's	HCT/P's Described	HCT/P's Regulated	HCT/P's Regulated as	Proprietary Names

		in 21 CFR 1271.10	as Medical Devices	Drugs or Biological Drugs	
a.	Bone	X			
b.	Cartilage	X			
c.	Cornea				
d.	Dura Mater				
e.	Embryo				
f.	Fascia	X			
g.	Heart Valve				
h.	Ligament	X			
i.	Oocyte				
j.	Pericardium	X			
k.	Peripheral Blood Stem Cells				
l.	Sclera				
m.	Semen				
n.	Skin	X			
o.	Somatic Cell Therapy Products				
p.	Tendon	X			
q.	Umbilical Cord Blood Stem Cells				
r.	Vascular Graft				

HCT/P Listing - Donor Information

	Types of HCT/P's	SIP	Directed	Anonymous	Autologous	Family Related	Allogeneic
e.	Embryo						
i.	Oocyte						
k.	Peripheral Blood Stem Cells						
m.	Semen						
o.	Somatic Cell Therapy Products						
q.	Umbilical Cord Blood Stem Cells						

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eHCTERS v02.08.00  
Updated 05/05/2014

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