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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): 0001570984  
 Establishment Name: Community Blood Center dba Community Tissue Services  
 Address: 349 S. Main Street  
 City: Dayton  
 State: Ohio  
 Zip: 45402-2715  
 Country: United States  
 Phone: 937-461-3450

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"/>	<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"/>	<input checked="" type="checkbox"/>
c.	Cornea		<input checked="" type="checkbox"/>						
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"/>	<input checked="" type="checkbox"/>
g.	Heart Valve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
h.	Ligament	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
k.	Peripheral Blood Stem Cells								
l.	Sclera		<input checked="" type="checkbox"/>						
m.	Semen								
n.	Skin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o.	Somatic Cell Therapy Products	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p.	Tendon	<input checked="" type="checkbox"/>	<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

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	X			
d.	Dura Mater				
e.	Embryo				
f.	Fascia	X			
g.	Heart Valve	X			
h.	Ligament	X			
i.	Oocyte				
j.	Pericardium	X			
k.	Peripheral Blood Stem Cells				
l.	Sclera	X			
m.	Semen				
n.	Skin	X			
o.	Somatic Cell Therapy Products			X	
p.	Tendon	X			
q.	Umbilical Cord Blood Stem Cells				
r.	Vascular Graft	X			

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				<input checked="" type="checkbox"/>		
q.	Umbilical Cord Blood Stem Cells						

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