



U.S. Food and Drug Administration



Department of Health and Human Services

CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

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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): 1000523928
 Establishment Name: Community Blood Center dba Community Tissue Services
 Address: 16361 NE Cameron Blvd.
 City: Portland
 State: Oregon
 Zip: 97230
 Country: United States
 Phone: 503-408-9394

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<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"/>
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"/>	<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
s.	Nerve Tissue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Establishment HCT/P Listing

Types of HCT/P's	Proprietary Names

		HCT/P's Described in 21 CFR 1271.10	HCT/P's Regulated as Medical Devices	HCT/P's Regulated as Drugs or Biological Drugs
a.	Bone	X		
b.	Cartilage	X		
c.	Cornea			
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			
m.	Semen			
n.	Skin	X		
o.	Somatic Cell Therapy Products			
p.	Tendon	X		
q.	Umbilical Cord Blood Stem Cells			
r.	Vascular Graft	X		
s.	Nerve Tissue	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						
q.	Umbilical Cord Blood Stem Cells						

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