See Instructions for OMB Statement. FORM APPROVED:OMB No.0910-0543. Expiration Date: 3/31/2017

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
(FDA Establishment Identifier)

FEI: 3000718784

2. REASON FOR SUBMISSION

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

VALIDATION--FOR FDA USE ONLY 1
VALIDATED BY FDA:07-DEC-2016
DISTRICT: Cincinnati
PRINTED BY FDA:15-DEC-2016

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)

Community Blood Center dba Community Tissue Services

2736 N. Holland-Sylvania Road
Toledo, Ohio 43615

a. PHONE 419-536-4924 EXT

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)

Community Blood Center dba Community Tissue Services
Attn: David M. Smith, MD
349 South Main Street
Dayton, Ohio 45402-2715

a. PHONE 937-461-3450 EXT 3610

7. ENTER CORRECTIONS TO ITEM 6 b. PHONE

8. U.S. AGENT

a. E-MAIL

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME David M. Smith, MD

b. E-MAIL dsmith@cbccts.org

c. TITLE CEO d. DATE 06-DEC-2016

PART II - PRODUCT INFORMATION

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

Types of HCT / Ps	Establishment Functions: Recover	Screen	Test	Package	Process	Store	Label	Distribute	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)
a. Bone	X	X			X	X		X	X			
b. Cartilage	X	X			X	X		X	X			
c. Cornea	X	X							X			
d. Dura Mater												
e. Embryo ☐ SIP ☐ Directed ☐ Anonymous												
f. Fascia	X	X			X	X		X	X			
g. Heart Valve	X	X							X			
h. Ligament	X	X			X	X		X	X			
i. Oocyte ☐ SIP ☐ Directed ☐ Anonymous												
j. Pericardium	X	X			X	X		X	X			
k. Peripheral Blood Stem ☐ Autologous ☐ Family Related ☐ Allogeneic												
l. Sclera	X	X							X			
m. Semen ☐ SIP ☐ Directed ☐ Anonymous												
n. Skin	X	X			X	X		X	X			
o. Somatic Cell Therapy Products ☐ Autologous ☐ Family Related ☐ Allogeneic												
p. Tendon	X	X			X	X		X	X			
q. Umbilical Cord Blood ☐ Autologous ☐ Family Related ☐ Allogeneic												
r. Vascular Graft	X	X			X				X			
s. Peritoneal Membrane	X	X			X	X		X	X			
t.												
u.												
v.												