						See	Instruction	s for OMB	Statement	FORM	1 APPF	OVED: (OMB No. 0	910-0543. Expiration Date: 8/31/10		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO		ASON F					VALIDATIONFOR FDA USE ONLY							
PUBLIC HEALTH SERVICE		(Field Establishm	ent Identifie	er)		a. [N / LISTIN		:02-MAR-2011				
FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS	TISSUES	FEI: 30088	08182			b. [ANNU	JAL REG	ISTRATIO	ON / LISTI		DISTRICT:				
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps		FEI: 3008808182							FORMA	TION		PRINTED BY FDA:02-MAR-2011				
(See reverse side for instructions)	<i>'</i>					d. [TIVE								
PART I - ESTABLISHMENT INFORMATION	PART II - PR	RODUCT INFOR	MATIC	ON							28	1 ≦212	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS			
3. OTHER FDA REGISTRATIONS		MENT FUNCTION			OF HC	T / Ps					DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	L C C C C			
				tablishn	nent Fu	nctions			278	al à Pài	I Geo A	14. PROPRIETARY				
a. BLOOD FDA 2830 NO						1					1 2 2	, BE	≥~ © ″	NAME(S)		
b. DEVICES FDA 2891 NO.	Types of	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	21	1CE S	DRU AS			
												s	GS			
c. DRUG FDA 2656 NO																
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and						X	X	x	x	X	x					
post office code)	a. Bone					A	А	A	A	Λ						
Community Blood Center dba Community Tissue Services	b. Cartilage					X	X	x	X	X	X					
2900 College Drive	b. Cartilage															
Kettering, Öhio 45420	c. Cornea															
										-		+				
	d. Dura Mater															
												+				
a. PHONE 937-222-0228 EXT	e. Embryo	SIP														
		Anonymous														
(MANUFACTURING ESTABLISHMENT FEI NO.	f. Fascia					X	х	x	X	X	X					
												+				
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve															
												+				
	h. Ligament					X	X	X	X	X	X					
		SIP Directed										-				
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable,	i. Oocyte															
number and street, city, state, country, and post office code)		Anonymous										<u> </u>				
Community Blood Center dba Community Tissue Services	j. Pericardium					X	X	X	X	X	X					
Attn: David M. Smith, MD 349 South Main Street	k. Peripheral	Autologous										+				
Dayton, Ohio 45402-2715	Blood Stem	Family Related														
Dayton, Onto 45402-2715		Allogeneic										<u> </u>				
	I. Sclera															
												+				
a. PHONE 937-461-3450 EXT 3610	m. Semen	Directed														
	-	Anonymous														
b. PHONE	n. Skin					X	X	x	X	X	X					
	o. Somatic Cell											+				
	Therapy	Autologous														
	Products	Allogeneic														
8. U.S. AGENT	p. Tendon					x	x	x	X	X	x					
		Autologous										+				
	q. Umbilical Cord Blood	Family Related														
		Allogeneic														
	r. Vascular Graft															
a. E-MAIL 9. REPORTING OFFICIAL'S SIGNATURE												+				
S. REFURITING UFFICIAL S SIGNATURE	s. Parathyroid						X	X		X	X					
	t. Peritoneal Merr	nbrane				v	v	v	v	v	v	+				
a. TYPED NAME David M. Smith, MD						X	X	X	X	X	X					
	u.															
b. E-MAIL dsmith@cbccts.org												+				
c. TITLE CEO d. DATE 14-FEB-2011	v.															

						See	Instruction	s for OMB \$	Statement	FORM	APPRO	OVED: (OMB No. C	910-0543. Expiration Date: 1/31/14		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO		BER				OR SUBN				VALIDATIONFOR FDA USE ONLY				
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(Field Establishme	ent Identifie	er)		a.				N / LISTIN	DIOTRICT OF 1 1					
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS.	TISSUES	FEI: 30088	b. [X ANNU	JAL REGI	STRATIO	ON / LISTI									
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps		c. [CHAN	IGE IN IN	IFORMA	TION	PRINTED BY FDA:13-JAN-2012									
(See reverse side for instructions)			d. [INAC	TIVE											
PART I - ESTABLISHMENT INFORMATION	PART II - PF	RODUCT INFOR	RMATIC	DN							CFR CFR	MER 12.	몽모요			
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	MENT FUNCTION	NS AND	TYPES	OF HC	T/Ps					R 1271.		13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS			
a. BLOOD FDA 2830 NO	Establishment Functions										HCT/Ps SCRIBED R 1271.10	P ATE S		14. PROPRIETARY NAME(S)		
	Types of	f HCT / Ps	_		-						0 IN 21			NAME(5)		
b. DEVICES FDA 2891 NO.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Recover	Screen	Test	Package	Process	Store	Label	Distribute	21	ES	l and			
c. DRUG FDA 2656 NO.													o I			
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and	a. Bone					X	X	x	X	X	Х					
post office code) Community Blood Center dba Community Tissue Services																
2900 College Drive	b. Cartilage				X	X	X	X	X	Х						
Kettering, Ohio 45420	c. Cornea															
	d. Dura Mater															
a. PHONE 937-222-0228 EXT	e. Embryo	SIP														
		Anonymous														
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO C. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia					X	x	X	x	x	Х					
5. ENTER CORRECTIONS TO ITEM 4																
	g. Heart Valve															
	h. Ligament					X	X	X	X	X	X					
	i. Oocyte	SIP														
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	1. Obbyte															
Community Blood Center dba Community Tissue Services	i Denis and is set	,				X	x	X	x	X	X					
Attn: David M. Smith, MD	j. Pericardium					•	Λ	<u>л</u>	Λ	Λ	л					
349 South Main Street	k. Peripheral	Autologous														
Dayton, Ohio 45402-2715	Blood Stem Cells	Family Related														
	I. Sclera															
		SIP														
a. PHONE 937-461-3450 EXT 3610	m. Semen	Directed														
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin					X	x	X	x	x	X					
	o. Somatic Cell Therapy	Autologous														
	Products															
8. U.S. AGENT	p. Tendon					X	x	X	x	X	X					
	q. Umbilical	Autologous														
	Cord Blood Stem Cells	Family Related Allogeneic														
a. E-MAIL	r. Vascular Graft															
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						x	x		x	X					
	t. Peritoneal Mer	nbrane	<u> </u>			+										
2 TYPED NAME David M Smith MD						X	X	X	X	X	Х					
a. TYPED NAME David M. Smith, MD	u.															
b. E-MAIL dsmith@cbccts.org																
c. TITLE CEO d. DATE 18-DEC-2011	v.															

FORM FDA 3356 (4/08)

							Instruction			FORM	APPR	OVED:	OMB No. 0	910-0543. Expiration Date: 1/31/14		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO					ASON F					VALIDATIONFOR FDA USE ONLY 1				
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(FDA Establishme	ent Identifie	a.				N / LISTIN	DIOTRIOT OF 1 II							
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS	, TISSUES,	FEI: 30088	08182			b. [ON / LISTI		3-FEB-2013				
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)							IGE IN IN	IFORMA	TION						
(See reverse side for instructions)						d.	INAC	TIVE								
PART I - ESTABLISHMENT INFORMATION		RODUCT INFOR				_ / _							BIOL CEG			
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps Establishment Functions												GS CT/F	14. PROPRIETARY		
a. BLOOD FDA 2830 NO				1	ES						10 E °	E E S	₽¤ē°	NAME(S)		
b. DEVICES FDA 2891 NO	Types of	HCT / Ps	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			
c. DRUG FDA 2656 NO													0.			
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone					X	x	x	X	X	X					
Community Blood Center dba Community Tissue Services	b. Cartilage					x	x	x	x	x	X					
2900 College Drive Kettering, Ohio 45420	c. Cornea															
	d. Dura Mater															
a. PHONE 937-222-0228 EXT	e. Embryo	SIP Directed Anonymous														
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia					X	X	X	х	X	X					
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve															
	h. Ligament					x	x	X	X	X	X					
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte	SIP Directed Anonymous														
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium					x	x	x	x	x	X					
349 South Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem	Autologous Family Related														
	I. Sclera															
a. PHONE 937-461-3450 EXT 3610	m. Semen	SIP Directed Anonymous														
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin					X	x	x	X	x	X					
	o. Somatic Cell Therapy Products	Autologous Family Related														
8. U.S. AGENT	p. Tendon					x	x	x	x	x	X					
	q. Umbilical Cord Blood	Autologous Family Related Allogeneic														
a. E-MAIL	r. Vascular Graft															
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						X	X		x	x					
a. TYPED NAME David M. Smith, MD	t. Peritoneal Merr	nbrane				X	X	x	X	x	x					
b. E-MAIL dsmith@cbccts.org	u.															
c. TITLE CEO d. DATE 20-NOV-2012	٧.															

							Instruction				APPR	OVED:	OMB No.	0910-0543. Expiration Date: 1/31/14		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATI					EASON F					VALIDATIONFOR FDA USE ONLY 1				
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(FDA Establishm	ent Identifie	r)		a.				N / LISTIN	DIGTRICT, Circular at					
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 30088	EI: 3008808182 b. X ANNUAL REGISTRATION / c. CHANGE IN INFORMATION								STING PRINTED BY FDA:09-DEC-2013					
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	5)					IFORMA	HON									
PART I - ESTABLISHMENT INFORMATION						d	INAC	TIVE				27-				
3. OTHER FDA REGISTRATIONS						T/Do					PRS-1		IOLOGIA			
	IU. ESTABLISH	MENT FUNCTION	NS AND	TTPE3		tablishn	nent Fu	nctions			11. HCT/Ps DESCRIBED IN 21 CFR 1271.10			14. PROPRIETARY		
a. BLOOD FDA 2830 NO											380	PEC.	₽°E°	NAME(S)		
b. DEVICES FDA 2891 NO.	Types of	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	121	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS			
c. DRUG FDA 2656 NO													N N			
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and	- Duri					X	x	x	x	x	x			*** 0 0 11		
post office code)	a. Bone					-		-			<u>^</u>			*** See full text on next page		
Community Blood Center dba Community Tissue Services	b. Cartilage					X	X	x	X	X	X					
2900 College Drive Kettering, Ohio 45420	c. Cornea															
	d. Dura Mater															
	e. Embryo	SIP														
a. PHONE 937-222-0228 EXT	e. Embryo	Directed Anonymous														
b. SATELLITE RECOVERY ESTABLISHMENT	f. Fascia	·				X	X	X	Х	X	X					
	g. Heart Valve															
5. ENTER CORRECTIONS TO ITEM 4						**	**	**	*7	**	**					
	h. Ligament					X	X	X	X	X	X					
 MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) 	i. Oocyte	SIP Directed Anonymous														
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium					X	x	x	X	x	x					
349 South Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem	Autologous Family Related														
	I. Sclera															
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6	m. Semen	Directed														
b. PHONE	n. Skin					X	X	x	X	x	X			Dermapure		
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic														
8. U.S. AGENT	p. Tendon					X	x	x	X	x	X					
	q. Umbilical Cord Blood	Autologous Family Related														
a. E-MAIL	r. Vascular Graft															
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						X	x		X	x					
a TYPED NAME David M Smith MD	t. Peritoneal Men	nbrane				x	X	x	x	X	x			Allomem		
a. TYPED NAME David M. Smith, MD b. E-MAIL dsmith@cbccts.org	u.															
c. TITLE CEO d. DATE 18-NOV-2013	٧.															
	1		1			1	1	1	1	1			1			

									See Instructions for OMB Statement. FORM APPROVED:OMB No.0910-0543. Expiration Date: 3/31/2017 2. REASON FOR SUBMISSION VALIDATIONFOR FDA USE ONLY 1											
DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		1. REGISTRATIO								N / LISTIN										
FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 30088	08182		b. [X ANNU	JAL REG	ISTRATIO	ON / LISTI											
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps		c. [NFORMA [®]	FION		PRINTED BY FDA.22-DEC-2014												
(See reverse side for instructions)						d.	INAC	TIVE												
PART I - ESTABLISHMENT INFORMATION 3. OTHER FDA REGISTRATIONS		ODUCT INFOR			05.110	T (D)						MEDI	BIOL							
	10. ESTABLISH	MENT FUNCTION		nent Fu	nctions			11. HCT/Ps DESCRIBED IN 21 CFR 1271.10			14. PROPRIETARY									
a. BLOOD FDA 2830 NO	Types of I												Å R B	NAME(S)						
b. DEVICES FDA 2891 NO	Types of I	HUT / PS	Recover	Screen	Test	Package	Process	Store	e Label	Distribute	21	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS							
c. DRUG FDA 2656 NO																				
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone					X	x	x	X	X	X			*** See full text on next page						
Community Blood Center dba Community Tissue Services	b. Cartilage					x	X	x	x	X	x									
2900 College Drive Kettering, Ohio 45420	c. Cornea																			
	d. Dura Mater																			
a. PHONE 937-222-0228 EXT	e. Embryo	SIP Directed Anonymous																		
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia					X	X	X	X	X	x									
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve																			
	h. Ligament					X	X	X	X	X	x									
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte	SIP Directed Anonymous																		
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium	·				X	X	x	X	X	x									
349 South Main Street Dayton, Ohio 45402-2715		Autologous Family Related																		
	I. Sclera																			
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6	m. Semen	SIP Directed Anonymous																		
b. PHONE	n. Skin					X	x	x	x	X	x			Dermapure						
	Therapy	Autologous Family Related Allogeneic																		
8. U.S. AGENT	p. Tendon					X	x	x	x	X	x									
	Cord Blood	Autologous Family Related																		
a. E-MAIL	r. Vascular Graft																			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						x	X		x	X									
a. TYPED NAME David M. Smith. MD	t. Peritoneal Mem	brane				X	X	X	X	X	X			Allomem						
b. E-MAIL dsmith@cbccts.org	u.																			
c. TITLE CEO d. DATE 01-DEC-2014	v.																			

FORM FDA - 3356 (5/14)

									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		1. REGISTRATIO						AL REGIS	STRATIO	N / LISTIN										
FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps		, FEI: 3008808182 b. ☐ ANNUAL REGI c. ☑ CHANGE IN IN										DISTRICT: Cincinnati PRINTED BY FDA:22-JUN-2015								
(See reverse side for instructions)	·)																			
PART I - ESTABLISHMENT INFORMATION	PART II - PR	ODUCT INFOR	RMATIC	ON							3腸:		명모문.3							
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	MENT FUNCTION																		
a. BLOOD FDA 2830 NO					Est	tablishn	nent Fu	nctions	1		1.18 Ps			14. PROPRIETARY NAME(S)						
b. DEVICES FDA 2891 NO	Types of I	HCT / Ps	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							
c. DRUG FDA 2656 NO											ů.									
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone					X	x	x	X	X	x			*** See full text on next page						
Community Blood Center dba Community Tissue Services	b. Cartilage					X	X	x	X	X	x									
2900 College Drive Kettering, Ohio 45420	c. Cornea																			
	d. Dura Mater																			
a. PHONE 937-222-0228 EXT	e. Embryo	SIP Directed Anonymous																		
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia					X	X	X	X	X	x									
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve																			
	h. Ligament					X	x	X	X	X	x									
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte	SIP Directed Anonymous																		
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium					X	X	x	X	x	x									
349 South Main Street Dayton, Ohio 45402-2715	Blood Stem	Autologous Family Related Allogeneic																		
	I. Sclera																			
a. PHONE 937-461-3450 EXT 3610	m. Semen	SIP Directed Anonymous																		
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin					X	X	x	X	x	x			Dermapure						
	Therapy	Autologous Family Related Allogeneic																		
8. U.S. AGENT	p. Tendon					X	x	x	X	x	x									
	Cord Blood	Autologous Family Related Allogeneic																		
a. E-MAIL	r. Vascular Graft																			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		x	X									
a. TYPED NAME David M. Smith, MD	t. Peritoneal Mem	brane				x	X	x	x	x	X			Allomem						
b. E-MAIL dsmith@cbccts.org	u.																			
c. TITLE CEO d. DATE 13-APR-2015	٧.																			

FORM FDA - 3356 (5/14)

Se									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		1. REGISTRATIO (FDA Establishme					INITI			N / LISTIN		DIGTRICT, Circles and								
FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps		FEI: 3008808182 b. x ANNUAL REGISTRATIO c. CHANGE IN INFORMAT CHANGE IN INFORMAT									ISTING DISTRICT: Cincinnati PRINTED BY FDA:03-DEC-2015									
(See reverse side for instructions)	,					d. [INAC	TIVE			_	_								
PART I - ESTABLISHMENT INFORMATION	PART II - PR	ODUCT INFOR	RMATIC	ON							유명:	MER 12.	BIOR REC							
3. OTHER FDA REGISTRATIONS	10. ESTABLISHN	MENT FUNCTION	S AND	TYPES										14. PROPRIETARY						
a. BLOOD FDA 2830 NO				-	Es	tablishn	nent Fu	nctions	1	1	1.18 Ps	L E B B		NAME(S)						
b. DEVICES FDA 2891 NO	Types of H	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS							
c. DRUG FDA 2656 NO																				
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone					X	x	x	X	X	x			*** See full text on next page						
Community Blood Center dba Community Tissue Services	b. Cartilage					X	x	x	X	X	x									
2900 College Drive Kettering, Ohio 45420	c. Cornea																			
	d. Dura Mater																			
a. PHONE 937-222-0228 EXT	e. Embryo	SIP Directed Anonymous																		
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia					X	X	X	X	X	x									
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve																			
	h. Ligament					x	X	X	X	X	x									
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte	SIP Directed Anonymous																		
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium					X	x	x	X	X	X									
349 South Main Street Dayton, Ohio 45402-2715	Blood Stem	Autologous Family Related Allogeneic																		
	I. Sclera																			
a. PHONE 937-461-3450 EXT 3610	m. Semen	SIP Directed Anonymous																		
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin					x	x	x	X	x	x			Dermapure, TruSkin						
	Therapy	Autologous Family Related Allogeneic																		
8. U.S. AGENT	p. Tendon					x	x	x	X	x	x									
	Cord Blood	Autologous Family Related Allogeneic																		
a. E-MAIL	r. Vascular Graft																			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							x		X	X									
a. TYPED NAME David M. Smith, MD	t. Peritoneal Memb	brane				X	X	X	X	X	X			Allomem						
b. E-MAIL dsmith@cbccts.org	u.																			
c. TITLE CEO d. DATE 16-NOV-2015	۷.																			

FORM FDA - 3356 (5/14)