See Reverse for CMB Statement

FORM APPROVED: OMB No. 0910-0469. Expiration Date: July 31, 2007

VALIDATION -- FOR FDA USE ONLY

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION

PART I - ESTABLISHMENT INFORMATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)

1. REGISTRATION NUMBER (Field Establishment Identifier): FEI: 3001238554

PART II - PRODUCT INFORMATION

2. REASON FOR SUBMISSION
a. INITIAL REGISTRATION/LISTING

b. X ANNUAL REGISTRATION / LISTING c. CHANGE IN INFORMATION

d. NACTIVE

I I WHI CHI I LICE III I C	
ORMATION	

B. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUN			
a. BLOOD FDA 2830 NO.	a X RECOVER	c TEST	PROCESS 9 X LABEL	
b. DEVICES FDA 2891 NO.	b X SCREEN	d PACKAGE	f X STORE h X OISTRIBUTE	PRINTED BY FDA: 12-DEC-2005 DISTRICT OFFICE: San Francisco
c. DRUG FDA 2656 NO.		.11.	12. HCT/Ps REGULATED	
i. PHYSICAL LOCATION (Include legal name, number and sireal, city, state, country, and post office code)	TYPES OF HCT/Ps	HCT/Ps DESCRIBED IN 21 CFR 1271.10	AS MEDICAL DEVICES, DRUGS, OR BIOLOGICAL DRUGS	PROPRIETARY NAME(S)
Community Blood Center dba Community Tissue Services		<u> </u>	210-2007-211-20	·
3425 N. First Street., Suite 103	а, Воле	X		-
Fresno, California 93726	b, Certilage	х		
PHONE 559-224-1168 EXT	c. Comea			-
	d, Dura Mater			
5. ENTER CORRECTIONS TO ITEM 4	e, Embryo			
	f, Fascia	х		
	g. Heart Valve	х		
 MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) 	h, Ligament	х		
Community Blood Center/Community Tissue Services 349 S. Main Street	i, Occyte			
Dayton, Ohio 45402-2715	j Pericardium	x		
PHONE 937-461-3450 EXT 3288	Peripheral Blood Stem Cells			
	r_ Sclera			
7. ENTER CORRECTIONS TO ITEM 6	m, Semen			
	n, Skin	х		
	D, Somalio Cells			
B. U.S. AGENT	p. Tendon	x		
	q. Umbifical Cord Blood Stem Cells			
a. E-MAIL b. PHONE	r, Vascular Graft	х		·
REPORTING OFFICIAL'S SIGNATURE	. S.			
	t		-	
a. TYPED NAME. Judith E. Woll, MD	U	 	 	
b. E-MAIL jwoll@cbccts.org	<u></u>			·
s. TITLE CEO d. DATE 29-NOV-2005	V.			

FORM APPROVED: OMB No. 0910-0469. Expiration Date: July 31, 2007

2. REASON FOR SUBMISSION VALIDATION--FOR FDA USE ONLY 1. REGISTRATION NUMBER DEPARTMENT OF HEALTH AND HUMAN SERVICES a. INITIAL REGISTRATION / LISTING (Field Establishment Identifier): FOOD AND DRUG ADMINISTRATION b. X ANNUAL REGISTRATION / LISTING ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, FEI: 3001238554 c. CHANGE IN INFORMATION AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions) d. INACTIVE *3001238554* **PART I - ESTABLISHMENT INFORMATION PART II - PRODUCT INFORMATION** 3. OTHER FDA REGISTRATIONS 10. ESTABLISHMENT FUNCTIONS: a X RECOVER c TEST e PROCESS g X LABEL a. BLOOD FDA 2830 VALIDATED BY FDA: 12-JAN-2007 b X SCREEN d PACKAGE f X STORE h X DISTRIBUTE PRINTED BY FDA: 16-JAN-2007 b. DEVICES FDA 2891 NO. DISTRICT OFFICE: San Francisco 13. c. DRUG FDA 2656 11. HCT/Ps REGULATED HCT/Ps 4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and PROPRIETARY NAME(S) TYPES OF AS MEDICAL DESCRIBED IN post office code) HCT/Ps DEVICES, DRUGS, OR 21 CFR 1271.10 **BIOLOGICAL DRUGS** Community Blood Center dba Community Tissue Services Bone 3425 N. First Street., Suite 103 a. \mathbf{X} Fresno, California 93726 Cartilage b. X PHONE 559-224-1168 EXT Cornea C. Dura Mater d. 5. ENTER CORRECTIONS TO ITEM 4 Embryo e. Fascia f. \mathbf{X} Heart Valve g. X 6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, Ligament h. X number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services Oocyte Attn: Judith E. Woll, MD 349 S. Main Street Pericardium \mathbf{X} Dayton, Ohio 45402-2715 Peripheral Blood k. Stem Cells Sclera 1. PHONE 937-461-3261 **EXT 3288** 7. ENTER CORRECTIONS TO ITEM 6 Semen m. Skin n. \mathbf{X} Somatic Cells 0. 8. U.S. AGENT Tendon p. X **Umbilical Cord** q. Blood Stem Cells Vascular Graft r. X a. E-MAIL b. PHONE 9. REPORTING OFFICIAL'S SIGNATURE S. t. a. TYPED NAME Judith E. Woll, MD u. b. E-MAIL jwoll@cbccts.org

٧.

d. DATE 01-DEC-2006

c. TITLE CEO

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

1. REGISTRATION NUMBER (Field Establishment Identifier) FEI: 3001238554

a. INITIAL REGISTRATION / LISTING b. X ANNUAL REGISTRATION / LISTING c. CHANGE IN INFORMATION

2. REASON FOR SUBMISSION

* 2001 220 E E 1 *

VALIDATION--FOR FDA USE ONLY

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)

(See reverse side for instructions)	'				d.	INAC	TIVE			DIS	TRICT: S	an Francisco	0/0/ PRINTED By FDA:12/17/07
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT I	INFORMATI	ON							CFR CFR	ME R 12.	B 문 문 급 3.	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUN	ICTIONS AND	TYPES							SCR SCR 127	REGULATED AS BIOLOGICAL DRUGS 12. HCT/Ps REGULATED AS REGULATED AS MEDICAL DEVICES 11. HCT/Ps DESCRIBED IN 21 CFR 1271.10		
a. BLOOD FDA 2830 NO			_	Es	tablishn	nent Fur	nctions			HCT/Ps SCRIBED I R 1271.10		E SEE	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO	Types of HCT / Ps	Recove	Screen	Test	Package	Process	Store	Label	Distribute	IN 21) AS EVICES	AS DRUGS	,,
c. DRUG FDA 2656 NO	No HCT / P Specified												
4. 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" 3425 N. First Street., Suite 103 Fresno, California 93726	b. Cartilage	X	X				X	X	X	X			
riesno, Camorina 73720	c. Cornea												
	d. Dura Mater												
a. PHONE 559-224-1168 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo SIP Directed Anonym												
(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	X	X							X			
	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 Anonym												
Community Blood Center dba Community Tissue Services" Attn: David M. Smith, MD	j. Pericardium	X	X							X			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Autologo Blood Stem Family R Cells Allogene	Related											
	I. Sclera												
a. PHONE 937-461-3450 EXT 3610	m. Semen SIP Directed												
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin	X	X				X	X	X	X			
	o. Somatic Autologo Cells Family R	Related											
8. U.S. AGENT	p. Tendon	X	X				X	X	X	X			
	q. Umbilical Autologo Cord Blood Family R Stem Cells Allogene	Related											
a. E-MAIL	r. Vascular Graft	X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	S.												
a TYPEDNAME David M Covid- MD	t.												
a. TYPED NAME David M. Smith, MD b. E-MAIL dsmith@cbccts.org	u.												
c. TITLE CEO/Medical Director d. DATE 05-DEC-2007	v.												

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGI

1. REGISTRATION NUMBER (Field Establishment Identifier) FEI: 3001238554

a. INITIAL REGISTRATION / LISTING VALIDATED BY FDA:27-MAR-2008 b. ANNUAL REGISTRATION / LISTING DISTRICT: San Francisco

2. REASON FOR SUBMISSION

VALIDATION--FOR FDA USE ONLY PRINTED BY FDA:27-MAR-2008

SHMENT REGISTRATION AND LISTING FOR HUMAN	CELLS, HSSUES,
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/P (See reverse side for instructions)	s)					INAC		-ORMAT	ION				
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFO	RMATIC	N							유류크	MR 2.2	무무유3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIO	NS AND	TYPES	OF HC	Γ/Ps					SCR R 12	E HO	당 당 당 당 당 당 당 다 당 다 다 다 다 다 다 다 다 다 다	
a. BLOOD FDA 2830 NO.				Es	tablishn	nent Fui	nctions			Ps IBED 71.10	ATEI ATE	SICA PAR	14. PROPRIETARY 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) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(O)
c. DRUG FDA 2656 NO	No HCT / P Specified												
4. 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 3425 N. First Street., Suite 103	b. Cartilage	X	X				X	X	X	X			
Fresno, California 93726	c. Cornea												
	d. Dura Mater												
a. PHONE 559-224-1168 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo SIP Directed Anonymous												
(MANUFACTURING ESTABLISHMENT FEI NO cTESTING FOR MICRO-ORGANISMS ONLY	f. Fascia	X	X				X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve	X	X							X			
	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 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Autologous Blood Stem Family Related Cells 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			
	o. Somatic Cells — Autologous — Family Related — Allogeneic												
8. U.S. AGENT	p. Tendon	X	X				X	X	X	X			
	q. Umbilical Autologous Cord Blood Family Related Stem Cells Allogeneic												
a. E-MAIL	r. Vascular Graft	X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	S.												
a. TYPED NAME David M. Smith, MD	t.												
b. E-MAIL dsmith@cbccts.org	u.												
c. TITLE CEO/Medical Director d. DATE 20-MAR-2008	v.												

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)

1. REGISTRATION NUMBER (Field Establishment Identifier)
FEI: 3001238554

2. REASON FOR SUBMISSION a. INITIAL REGISTRATION / LISTING | VALIDATED BY FDA:30-DEC-2008 b. X ANNUAL REGISTRATION / LISTING CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY DISTRICT: San Francisco PRINTED BY FDA:05-JAN-2009

(See reverse side for instructions)	,					d. [INAC	ΓIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION								11. DES	12. RE(몽몽요3			
3. OTHER FDA REGISTRATIONS	10. ESTABLISHM	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps											S S S S S S S S S S S S S S S S S S S	
a. BLOOD FDA 2830 NO					Est	tablishn	nent Fur	nctions			11. HCT/Ps DESCRIBED CFR 1271.10	T DE		14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO	Types of H	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	IN 21	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	, ,
c. DRUG FDA 2656 NO												σ .		
4. 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 3425 N. First Street., Suite 103	b. Cartilage		X	X				X	X	X	X			
Fresno, California 93726	c. Cornea													
	d. Dura Mater													
a. PHONE 559-224-1168 EXT b. SATELLITE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO.	e. Embryo [SIP Directed Anonymous												
c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	X				X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X							X			
	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 S. 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			
	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		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Memb	orane	X	X				X	X	X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO/Medical Director d. DATE 08-DEC-2008	v.													

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)

1. REGISTRATION NUMBER
(Field Establishment Identifier)

FEI: 3001238554

2. REASON FOR SUBMISSION a. INITIAL REGISTRATION / LISTING b. ANNUAL REGISTRATION / LISTING c. X CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:20-NOV-2009 DISTRICT: San Francisco PRINTED BY FDA:02-DEC-2009

	reverse side for instructions)	,					d.	INAC'	TIVE						
PART I - ESTABLISHMENT INFORMATION	ON	PART II - P	RODUCT INFOR	MATIO	N							유민1	MR 12.	무무유 13	
3. OTHER FDA REGISTRATIONS		10. ESTABLISI	HMENT FUNCTION	NS AND	TYPES							HCT SCRI R 123	EPCT PCT FCT	S S S S S	
a. BLOOD FDA 2830 NO.					1	Es	tablishn	nent Fu	nctions			/Ps IBED 71.10	ATEC	SCA SEE	14. PROPRIETARY NAME(S)
		Types	of HCT/Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME (O)
c. DRUG FDA 2656 NO														u.	
4. PHYSICAL LOCATION (Include legal name, nu post office code)		a. Bone		X	X				X	X	X	X			
Community Blood Center dba Commun 3425 N. First Street., Suite 103	nity Tissue Services	b. Cartilage		X	X				X	X	X	X			
Fresno, California 93726		c. Cornea		X	X							X			
a. PHONE 559-224-1168 b. SATELLITE RECOVERY ESTABLISHMEN (MANUFACTURING ESTABLISHMENT FEI I	EXT IT	e. Embryo	SIP Directed Anonymous												
c. TESTING FOR MICRO-ORGANISMS ONLY	NO Y	f. Fascia		X	X				X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4		g. Heart Valve		X	X							X			
		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 Commun Attn: David M. Smith, MD	ity Tissue Services	j. Pericardium		X	X				X	X	X	X			
349 S. Main Street Dayton, Ohio 45402-2715		k. Peripheral Blood Stem	Autologous Family Related Allogeneic												
		I. Sclera		X	X							X			
	кт 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 Allogeneic												
8. U.S. AGENT		p. Tendon		X	X				X	X	X	X			
		q. Umbilical Cord Blood Stem Cells	Autologous Family Related Allogeneic												
a. E-MAIL		r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE		s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smith, MD		t. Peritoneal Me	mbrane	X	X				X	X	X	X			
b. E-MAIL dsmith@cbccts.org		u.													
c. TITLE CEO	d. DATE 19-NOV-2009	V.													

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)

1. REGISTRATION NUMBER (Field Establishment Identifier)

FEI: 3001238554

2. REASON FOR SUBMISSION a. INITIAL REGISTRATION / LISTING b. X ANNUAL REGISTRATION / LISTING c. CHANGE IN INFORMATION

VALIDATED BY FDA:05-JAN-2010 DISTRICT: San Francisco

VALIDATION--FOR FDA USE ONLY

PRINTED BY FDA:23-FEB-2010

(See reverse side for instructions)						d. [INACT	TIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PROD	PART II - PRODUCT INFORMATION								유민.	12. ME RE	B R R 13.		
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMEN	IT FUNCTION	S AND	TYPES	OF HCT	7 / Ps					SCR 12	E PE	D G F C	
a. BLOOD FDA 2830 NO					Est	ablishm	ent Fur	ctions		/Ps IBED 71.10	ATE ATE	ATE SICA	14. PROPRIETARY NAME(S)	
b. DEVICES FDA 2891 NO.	Types of HCT	//Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	N 21	D AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(O)
c. DRUG FDA 2656 NO													s	
4. 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 3425 N. First Street, Suite 103	b. Cartilage		X	X				X	X	X	X			
Fresno, California 93726	c. Cornea		X	X							X			
	d. Dura Mater													
a. PHONE 559-224-1168 EXT b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO		SIP Directed Anonymous												
c TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	X				X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X							X			
	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)		SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium		X	X				X	X	X	X			
349 S. Main Street Dayton, Ohio 45402-2715	Blood Stem F	Autologous Family Related Allogeneic												
	I. Sclera		X	X							X			
a. PHONE 937-461-3450 EXT 3610		SIP Directed Anonymous												
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin		X	X				X	X	X	X			
	Therapy F	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		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Membran	e	X	X				X	X	X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 29-DEC-2009	V.													

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

1. REGISTRATION NUMBER
(Field Establishment Identifier)

FEI: 3001238554

	SON FOR SUBMISSION
a. 🗌	INITIAL REGISTRATION / LISTING
b	ANNUAL REGISTRATION / LISTIN
c. X	CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY VALIDATION--FOR FDA US
VALIDATED BY FDA:01-JUN-2010
DISTRICT: San Francisco PRINTED BY FDA:01-JUN-2010

(See reverse side for instructions))						INAC		ii Orawa					
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	MATIC	N							유분.1	ME 12.	무무류3	
3. OTHER FDA REGISTRATIONS		HMENT FUNCTION			OF HC	T / Ps					SCR R 12	E HC	D G G F CI	
a. BLOOD FDA 2830 NO				, ,	Es	tablishr	nent Fur	nctions		, ,	/Ps IBED 71.10	ATEI ATE	S S A B S	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types o	f HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	IN 21) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	(0)
c. DRUG FDA 2656 NO													6	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone							X	X	X	X			
Community Blood Center dba Community Tissue Services 7100 N. Financial Drive, Suite 105	b. Cartilage							X	X	X	X			
Fresno, California 93720	c. Cornea													
	d. Dura Mater													
a. PHONE 559-224-1168 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	SIP Directed Anonymous												
(MANUFACTURING ESTABLISHMENT FEI NO cTESTING FOR MICRO-ORGANISMS ONLY	f. Fascia							X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve													
	h. Ligament							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			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem Cells	☐ 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			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon							X	X	X	X			
	q. Umbilical Cord Blood Stem Cells	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 Me	mbrane						X	X	X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 13-MAY-2010	V.													

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

1. REGISTRATION NUMBER
(Field Establishment Identifier)

FEI: 3001238554

2. REASON FOR SUBMISSION a. NITIAL REGISTRATION / LISTING | VALIDATED BY FDA:29-DEC-2010 b. X ANNUAL REGISTRATION / LISTING DISTRICT: San Francisco c CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY PRINTED BY FDA:05-JAN-2011

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/ (See reverse side for instructions)	Ps)						INAC		IFORIVIA	IION				
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	RMATIC	ON							유류.	돌유 12	무무교 3	
3. OTHER FDA REGISTRATIONS		MENT FUNCTION			OF HC	T / Ps					SCR R 12	BCE		
a. BLOOD FDA 2830 NO					Es	tablishr	nent Fu	nctions			7/Ps	ATE S	S S R F S	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types o	f HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	D AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(3)
c. DRUG FDA 2656 NO	_												σ	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone							X	X	X	X			
Community Blood Center dba Community Tissue Services 7100 N. Financial Drive, Suite 105	b. Cartilage							X	X	X	X			
Fresno, California 93720	c. Cornea													
	d. Dura Mater													
a. PHONE 559-224-1168 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	SIP Directed Anonymous												
c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia							X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve													
	h. Ligament							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			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem Cells	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			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon							X	X	X	X			
	q. Umbilical Cord Blood Stem Cells	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 Me	mbrane						X	X	X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 21-DEC-2010	V.								1					

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)

1. REGISTRATION NUMBER (Field Establishment Identifier)	!
FEI: 3001238554	

2. REASON FOR SUBMISSION

VALIDATION--FOR FDA USE ONLY a. INITIAL REGISTRATION / LISTING VALIDATED BY FDA:08-DEC-2011

a.	
b. X ANNUAL REGISTRATION / LISTING	DISTRICT: San Francisco
	PRINTED BY FDA:15-DEC-2011
c. CHANGE IN INFORMATION	
- INIAOTIVE	

(See reverse side for instructions)	d. NACTIVE														
PART I - ESTABLISHMENT INFORMATION	PART II - PR	PART II - PRODUCT INFORMATION										AR 12.	무무류3	اد	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	0. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps										문문	S S 등 된		
a. BLOOD FDA 2830 NO.		Establishment Functions									11. HCT/Ps DESCRIBED CFR 1271.10	E A P	S R A P	14. PROPRIETARY NAME(S)	
b. DEVICES FDA 2891 NO.	Types of	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	IN 21) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	<u>.</u> (0)	
c. DRUG FDA 2656 NO													ισ.		
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone							X	X	X	X				
Community Blood Center dba Community Tissue Services 7100 N. Financial Drive, Suite 105	b. Cartilage							X	X	X	X				
Fresno, California 93720	c. Cornea														
	d. Dura Mater														
a. PHONE 559-224-1168 EXT b. SATELLITE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO.	e. Embryo	SIP Directed Anonymous													
c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia							X	X	X	X				
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve														
	h. Ligament							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				
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem Cells	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				
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic													
8. U.S. AGENT	p. Tendon							X	X	X	X				
	q. Umbilical Cord Blood Stem Cells	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	nbrane						X	X	X	X				
b. E-MAIL dsmith@cbccts.org	u.														
c. TITLE CEO d. DATE 07-DEC-2011	V.														

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

FEI:	3001238554
	300123633

1. REGISTRATION NUMBER

(FDA Establishment Identifier)

2. REASON FOR SUBMISSION a. INITIAL REGISTRATION / LISTING VALIDATED BY FDA:21-NOV-2012 b. X ANNUAL REGISTRATION / LISTING DISTRICT: San Francisco

VALIDATION--FOR FDA USE ONLY PRINTED BY FDA:06-DEC-2012

AND CELLULAR AND TISSUE-BASED PRODUC (See reverse side for instructions)	TS (HCT/Ps)					=	INAC		IFORMA	IION				
PART I - ESTABLISHMENT INFORMATION	PART II - PF	ODUCT INFOR	RMATIO	ON							유류.	돌교12 -	무무교3	
3. OTHER FDA REGISTRATIONS		MENT FUNCTION			OF HC	T / Ps					R 12	E E E	D G G F C	
a. BLOOD FDA 2830 NO		Establishment Functions								71.1(PATE S	SCA	14. PROPRIETARY NAME(S)	
b. DEVICES FDA 2891 NO.	Tunas at	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	<u></u> (0)
c. DRUG FDA 2656 NO													o	
 PHYSICAL LOCATION (Include legal name, number and street, city, state, corpost office code) 	untry, and a. Bone							X		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X			
7100 N. Financial Drive, Suite 105 Fresno, California 93720	c. Cornea													
	d. Dura Mater													
a. PHONE 559-224-1168 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			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve													
	h. Ligament	_						X		X	X			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if a number and street, city, state, country, and post office code)	applicable, i. Oocyte	SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium							X		X	X			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral 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			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon	_						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			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Men	nbrane						X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 20-No	OV-2012 v.													

See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 1/31/14 2. REASON FOR SUBMISSION

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION

d. DATE 26-NOV-2013

VALIDATION--FOR FDA USE ONLY a. INITIAL REGISTRATION / LISTING VALIDATED BY FDA:27-NOV-2013

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)	c. CHANGE IN INFORMATION d. INACTIVE											PRINTED BY FDA:09-DEC-2013					
PART I - ESTABLISHMENT INFORMATION	PART II - PR	ODUCT INFOR	RMATIC	ON			_				유류크	돌교12	무무유3				
3. OTHER FDA REGISTRATIONS		MENT FUNCTION			OF HC	T / Ps					R CF 12	BG H	다. 다. 다.				
a. BLOOD FDA 2830 NO							nent Fun	octions			T/Ps (IBED (71.10	ATE ATE	ATE GICAL	14. PROPRIETARY 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													Ö				
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone							X		X	X						
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X						
7100 N. Financial Drive, Suite 105 Fresno, California 93720	c. Cornea																
	d. Dura Mater																
a. PHONE 559-224-1168 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						
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve																
	h. Ligament							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						
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral 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						
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic															
8. U.S. AGENT	p. Tendon							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						
a. TYPED NAME David M. Smith, MD	t. Peritoneal Mem	brane						X		X	X						

1. REGISTRATION NUMBER

(FDA Establishment Identifier)

c. TITLE CEO

b. E-MAIL dsmith@cbccts.org

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)

1. REGISTRATION NUMBER	2. REASON FOR SUBMISSION
(FDA Establishment Identifier)	a. INITIAL REGISTRATION / LISTING
FEI: 3001238554	b. X ANNUAL REGISTRATION / LISTIN
FLI. 3001236334	c CHANGE IN INFORMATION

VALIDATION:-FOR FDA USE ONLY
VALIDATED BY FDA:02-DEC-2014
DISTRICT: San Francisco
PRINTED BY FDA:22-DEC-2014

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/I (See reverse side for instructions)	Ps)					c d. [CHAN	IGE IN IN TIVE	IFORMA ^T	ΓΙΟΝ				
PART I - ESTABLISHMENT INFORMATION	PART II - PROI	DUCT INFOR	MATIC	N							요요.	돌교12 -	무무료13	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHME	STABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps									SCR 127	SET	S S S S S S S S S S S S S S S S S S S	44 DD0DD15T4DV
a. BLOOD FDA 2830 NO.	-				Est	ablishm	nent Fur	nctions			11. HCT/Ps DESCRIBED I CFR 1271.10		g 공들을	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of HC	T / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	z	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
c. DRUG FDA 2656 NO.	_												, i	
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone							X		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X			
7100 N. Financial Drive, Suite 105 Fresno, California 93720	c. Cornea													
	d. Dura Mater													
a. PHONE 559-224-1168 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			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve													
	h. Ligament							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			
349 S. 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			
	Therapy	Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon							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 Membra	ne						X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 01-DEC-2014	v.													

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

2. REASON FOR SUBMISSION VALIDATION—FOR FDATISE ONLY

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 BRODUCTS (HCT/Pc)

1. REGISTRATION NUMBER (FDA Establishment Identifier)
FEI: 3001238554

	INITIAL REGISTRATION / LISTING
	ANNUAL REGISTRATION / LISTING
\Box	CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY
VALIDATED BY FDA:17-NOV-2015
DISTRICT: San Francisco
PRINTED BY FDA:03-DEC-2015

AND CELLULAR AND TISSUE-BASED PRODU (See reverse side for instructions)	c. CHANGE IN INFORMATION d. NACTIVE													
PART I - ESTABLISHMENT INFORMATION	PART II - PI	PART II - PRODUCT INFORMATION											무무교3	
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps											SIGNED SI	
a. BLOOD FDA 2830 NO.		Establishment Functions									71.1(Ps		ATE S	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Tumas at	Types of HCT / Ps		Screen	Test P	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	HAME(U)
c. DRUG FDA 2656 NO													o	
 PHYSICAL LOCATION (Include legal name, number and street, city, state, opost office code) 	country, and a. Bone							X		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X			
7100 N. Financial Drive, Suite 105 Fresno, California 93720	c. Cornea													
	d. Dura Mater													
a. PHONE 559-224-1168 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			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve													
	h. Ligament	_						X		X	X			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name number and street, city, state, country, and post office code)	if applicable, i. Oocyte	SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium							X		X	X			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral 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			
	o. Somatic Cell Therapy Products	☐ Autologous ☐ Family Related ☐ Allogeneic												
8. U.S. AGENT	p. Tendon							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			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Mer	mbrane						X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 16-1	NOV-2015 v.													