See Revense for OMB Statement FORM APPROVED: OMB No. 0910-0469. Expiration Date: July 31, 2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		1. REG (Fiel	GISTRATION NUMBER d'Establishment klevitilieu):		a. 📃 INITI	OR SUBMISSION AL REGISTRATION / LISTING	VALIDATION-FOR FDA USE ONLY
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CEL AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT, (See reverse side for instructions)		FE	a: 1000307546		C. 🗌 CHAI	ual registration / Listing NGE IN INFORMATION TIVE	
PART I - ESTABLISHMENT INFORMATION	PART II - PROI	DUCT IN	FORMATION				
3. OTHER FDA REGISTRATIONS.	10. ESTABLISHMEN		_				
a. BLOOD FDA 2830 NO.	a 🗶 RECO	VER	C TEST B	PROCE	\$S g 🔤 L	ABEL	VALIDATED BY FDA: 12-DEC-2005
b. DEVICES FDA 2891 NO.	b X SCRE	EN	d PACKAGE f	X STORE	h 🕱 🕻	DISTRIBUTE	PRINTED BY FDA: 12-DEC-2005 . DISTRICT OFFICE: New Orleans
c. DRUG FDA 2656 NO	_		11.		ICT/Ps	13.	
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Mid-South Tissue Bank 	TYPES OF HCT/Ps		HCT/Pa DESCRIBED IN 21 CFR 1271.10	AS I DEVICES	SULATED MEDICAL S, DRUGS, OR SICAL DRUGS	PF	IOPRIETARY NAME(S)
5600 Pleasant View, Suite 107	a	Bone	x			· · · · · ·	
Memphis, Tennessee 38134			A				
•	b, Ca	rtilege	x				
PHONE 901-683-6566 EXT	с <u></u> С	Comea					
	d <u>.</u> Dura	Maler					
5. ENTER CORRECTIONS TO ITEM 4	e, 5	imbryo	· · · · -				
	f. F	Fascia	x				
	g. Heart	Valve	x				
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	h, Lige	ament	x				
Community Blood Center/Community Tissue Services 349 South Main Street	i, O	Docyte					
Dayton, Ohio 45402-2715	j. Perica	arcifum	x				
PHONE 937-461-3261 EXT	k, Peripheral Stem	Blood Cells					
	<u> </u>	Sclera					
7. ENTER CORRECTIONS TO ITEM 6		semen	· · · ·				
	Π.	Skin	x				
	o, Somalic	Cells					
& U.S. AGENT	ρ, Τε	endon	x				· · · ·
	q. Umbilical Blood Stem		-		-		
a. E-MAIL b. PRONE	r, Vascular	r Graft	x				
9. REPORTING OFFICIAL'S SIGNATURE	5.						
	t .						
a. TYPED NAME Judith E. Woll, M.D.	u						
b. E-MAIL jwoll@cbccts.org				· · ·			
d. DATE 29-NOV-2005	Ψ.	[

See Reverse for OMB Statement FORM APPROVED: OMB No. 0910-0469. Expiration Date: July 31, 2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			GISTRATION NUMBER	a. 🔄 INITI.	OR SUBMISSION AL REGISTRATION / LISTING	VALIDATIONFOR FDA USE ONLY 1
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)		FEI	I: 1000307546		UAL REGISTRATION / LISTING NGE IN INFORMATION	
PART I - ESTABLISHMENT INFORMATION	PART II - PROD		FORMATION			*1000307546*
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMEN					
a. BLOOD FDA 2830 NO	a X RECO	VER	c TEST e	PROCESS g L	ABEL	VALIDATED BY FDA: 12-JAN-2007
b. DEVICES FDA 2891 NO.	b X SCREI	EN	d PACKAGE f	X STORE h X	DISTRIBUTE	PRINTED BY FDA: 02-FEB-2007 DISTRICT OFFICE: New Orleans
c. DRUG FDA 2656 NO			11.	12. HCT/Ps	13.	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Mid-South Tissue Bank	TYPES OF HCT/Ps		HCT/Ps DESCRIBED IN 21 CFR 1271.10	REGULATED AS MEDICAL DEVICES, DRUGS, OR BIOLOGICAL DRUGS	PR	OPRIETARY NAME(S)
5600 Pleasant View, Suite 107	a.	Bone	X			
Memphis, Tennessee 38134	b. Car	rtilage	X			
PHONE 901-683-6566 EXT	c. C	ornea				
	d. Dura	Mater				
5. ENTER CORRECTIONS TO ITEM 4	e. Er	mbryo				
	f. F	ascia	X			
	g. Heart	Valve	X			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	h. Liga	ament	X			
Community Blood Center dba Community Tissue Services Attn: Judith E. Woll, M.D.	i. C	Docyte				
349 South Main Street Dayton, Ohio 45402-2715	j. Perica	ardium	X			
	k. Peripheral I Stem	Blood n Cells				
PHONE 937-461-3261 EXT	۱. ۹	Sclera				
7. ENTER CORRECTIONS TO ITEM 6	m. S	Semen				
	n.	Skin	X			
	o. Somatic	c Cells				
8. U.S. AGENT	p. Te	endon	X			
	q. Umbilical Blood Stem					
a. E-MAIL b. PHONE	r. Vascular	r Graft	X			
9. REPORTING OFFICIAL'S SIGNATURE	S.					
2 TYPED NAME Judith E Wall M D	t.					
a. TYPED NAME Judith E. Woll, M.D. b. E-MAIL jwoll@cbccts.org	u.					
c. TITLE CEO d. DATE 01-DEC-2006	v.					

FORM FDA 3356 (8/04) PREVIOUS EDITION IS OBSOLETE.

	See Instru						Instructions	s for OMB \$	Statement	FORM	APPR			910-0543. Expiration Date: 7/31/10
DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		1. REGISTRATIO					ASON F					VA	ALIDATION	NFOR FDA USE ONLY 1
FOOD AND DRUG ADMINISTRATION		(Field Establishme	ent Identifie	er)		a.				I/LISTIN				
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 10003	07546				=			N / LISTI				0007516*
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	5)					C	=		IFORMAT	ION	VAI		By FDA:12/ New Orleans	10/07 PRINTED By FDA: 12/17/07
PART I - ESTABLISHMENT INFORMATION						d	INAC	IIVE						3
3. OTHER FDA REGISTRATIONS	10. ESTABLISH					T / Pe					7.05		RUG RUG	
	IV. LOTABLISH			THES		tablishn	nent Fui	nctions			271.		DGIC	14. PROPRIETARY
	Turner					1					5 D	DED A		NAME(S)
b. DEVICES FDA 2891 NO.	Types of	HCI / PS	Recover	Screen	Test	Package	Process	Store	Label	Distribute	22	CES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
c. DRUG FDA 2656 NO.													s	
	No HCT / P Spe	ecified		1			1		1	T	1			
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Nid South Tirgens Devils	a. Bone		X	X				X		X	X			
Mid-South Tissue Bank 5600 Pleasant View, Suite 107	b. Cartilage		X	x				x		X	X			
Memphis, Tennessee 38134	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 EXT	e. Embryo	SIP Directed Anonymous												
b. ATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO C. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		x	x				x		x	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		x	x							X			
	h. Ligament		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" Attr: David M. Smtih, M.D.	j. Pericardium		x	x							X			
349 South 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	x			
	o. Somatic Cells	Autologous Family Related												
8. U.S. AGENT	p. Tendon		x	x				X		X	x			
		Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		x	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	S.													
a. TYPED NAME David M. Smtih. M.D.	t.													
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO/Medical Director d. DATE 05-DEC-2007	٧.													

FORM FDA 3356 (9/07) PREVIOUS EDITION IS OBSOLETE.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		1. REGISTRATIO (Field Establishm				2. RE a.		OR SUBI AL REGIS	MISSION STRATIO	FORM N / LISTIN ON / LIST			LIDATION	010-0543. Expiration Date: 8/3 FOR FDA USE ONLY 30-DEC-2008 Ins
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELL: AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/P (See reverse side for instructions)		FEI: 10003	07546					NGE IN IN			PI		BY FDA:05	-JAN-2009
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	RMATIC	N							유문국	▲ 문 12	<u> </u>	
3. OTHER FDA REGISTRATIONS		IMENT FUNCTION			OF HC	T/Ps					11. HCT/Ps DESCRIBED I CFR 1271.10			
a. BLOOD FDA 2830 NO					Es	tablishn	nent Fu	nctions			171.1	A A A A A A A A A A A A A A A A A A A	GIC R A B	14. PROPRIETARY
b. DEVICES FDA 2891 NO.	Types o	f HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	∥ z	DAS	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(S)
c. DRUG FDA 2656 NO													Š	
. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone		X	X				X		X	X			
Community Blood Center dba Community Tissue Services 5600 Pleasant View, Suite 107	b. Cartilage		X	X				x		X	X			
Memphis, Tennessee 38134	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	SIP Directed Anonymous												
C TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	X				X		x	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X							X			
	h. Ligament		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. Smtih, M.D.	j. Pericardium		x	x				X		x	X			
349 South 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	X			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
3. U.S. AGENT	p. Tendon		x	X				X		X	X			
	q. Umbilical Cord Blood Stem Cells	Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		X	X							X			
). REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smtih, M.D.	t. Peritoneal Me	mbrane	X	X				X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO/Medical Director d. DATE 08-DEC-2008	V.													

	See Instru							s for OMB	Statement	FORM	APPRO	OVED: (OMB No. C	910-0543. Expiration Date: 8/31/10
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO					ASON FO							NFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(Field Establishm	ent Identifie	er)						N / LISTIN			D BY FDA New Orle	::05-JAN-2010
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS	, TISSUES,	FEI: 10003	07546							ON / LISTI				3-FEB-2010
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)					c	=	IGE IN IN	FORMA	FION				
(See reverse side for instructions)	1					d.	INAC	TIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PR	ODUCT INFOR	MATIC	N							CFR 11. T	MEC 12.		
3. OTHER FDA REGISTRATIONS	10. ESTABLISHI	MENT FUNCTION	IS AND	TYPES										
a. BLOOD FDA 2830 NO					Es	tablishn	nent Fur	nctions	1		PS 1.10	L DE PS		14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO	Types of	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	. HCT/Ps ESCRIBED IN 21 R 1271.10		13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
											-	S	UGS	
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			
Community Blood Center dba Community Tissue Services 5600 Pleasant View, Suite 107	b. Cartilage		X	X				x		X	X			
Memphis, Tennessee 38134	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 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			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	x							X			
	h. Ligament		X	x				X		x	X			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable,	i. Oocyte	SIP Directed												
number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services	j. Pericardium	Anonymous	x	x				x		X	X			
Attn: David M. Smtih, M.D. 349 South Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem Cells	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			
	o. Somatic Cell Therapy Products	Autologous Family Related												
8. U.S. AGENT	p. Tendon		X	X				X		X	Х			
		Autologous Family Related												
a. E-MAIL	r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							Х		X	X			
a. TYPED NAME David M. Smtih, M.D.	t. Peritoneal Mem	brane	X	X				X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 29-DEC-2009	٧.													

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		1. REGISTRATI (Field Establishm	ON NUM	BER er)		2. RE a.		OR SUBI	MISSION STRATIO	N / LISTIN			LIDATION	10-0543. Expiration Date: 8/31 FOR FDA USE ONLY 29-DEC-2010
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/P (See reverse side for instructions)		FEI: 10003	07546				X ANNU CHAN	IGE IN IN		ON / LIST FION	PF	RINTED	BY FDA:05	
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFO	RMATIC	DN							유료:1	MERE:	명모문.3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	IMENT FUNCTIO	NS AND	TYPES	OF HC	T / Ps					11. HCT/Ps DESCRIBED I CFR 1271.10			
a. BLOOD FDA 2830 NO					Es	tablishr	nent Fu	nctions			71.10	ATE D		14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types o	f HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	z	D AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(0)
c. DRUG FDA 2656 NO													S	
. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone		X	X				X		X	x			
Community Blood Center dba Community Tissue Services 5600 Pleasant View, Suite 107	b. Cartilage		X	Х				X		X	x			
Memphis, Tennessee 38134	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	SIP Directed Anonymous												
C TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	X				X		X	x			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X							x			
	h. Ligament		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. Smtih, M.D.	j. Pericardium		X	X				X		X	x			
349 South 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	X			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
B. U.S. AGENT	p. Tendon		X	X				X		X	x			
	q. Umbilical Cord Blood Stem Cells	Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		X	X							x			
). REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	x			
a. TYPED NAME David M. Smtih, M.D.	t. Peritoneal Me	mbrane	X	X				X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 21-DEC-2010	v.													

	See Instruction									FORM	APPR	OVED: 0	OMB No. 0	910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO					ASON FO							IFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(Field Establishm	ent Identifie	er)		a.				N/LISTIN			New Orle	:16-JUN-2011 ans
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 10003	07546			b. [=			ON / LISTI				5-JUN-2011
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	5)						X CHAN		IFORMAT	FION				
PART I - ESTABLISHMENT INFORMATION				~~		d	INAC	IIVE				274		
3. OTHER FDA REGISTRATIONS					05110	T / D						AEG	BIOL OR LO	
	10. ESTABLISH	MENT FUNCTION	NS AND	TTPES			nent Fur	octions			11. HCT/Ps DESCRIBED IN 21 CFR 1271.10			14. PROPRIETARY
a. BLOOD FDA 2830 NO					L3						100	E.	₽ [≈] ē°	NAME(S)
b. DEVICES FDA 2891 NO	Types of	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	421	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
c. DRUG FDA 2656 NO													Ň	
4. 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 5600 Pleasant View, Suite 107	b. Cartilage							X		X	X			
Memphis, Tennessee 38134	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 EXT	e. Embryo	SIP Directed Anonymous												
b. ATELLITE 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			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable,	i. Oocyte	SIP Directed												
number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services Attn: David M. Smtih, M.D.	j. Pericardium							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			
	o. Somatic Cell Therapy Products	Autologous Family Related												
8. U.S. AGENT	p. Tendon							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			
a. TYPED NAME David M. Smtih, M.D.	t. Peritoneal Merr	hbrane						X		X	x			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 09-JUN-2011	v.													

									Statement		APPR	OVED: 0	OMB No. 0	910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATI					ASON FO							IFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(Field Establishm	ent Identifie	er)		a.				N / LISTIN			New Orle	:28-JUN-2011 ans
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 10003	07546			b.	=			ON / LISTI				3-JUN-2011
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/P	s)					1 2	X CHAN		NFORMA	TION				
(See reverse side for instructions)						d.	INAC	TIVE						
PART I - ESTABLISHMENT INFORMATION		RODUCT INFOR										MED	BIOL BIOL	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	IMENT FUNCTIO	NS AND	TYPES									GS ULA	14. PROPRIETARY
a. BLOOD FDA 2830 NO					ES	Tablishn	nent Fur	nctions	1	1	- 3 🗒 🖉	E E S	P×E°	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	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone		X	X				X		X	X			
Community Blood Center dba Community Tissue Services 5600 Pleasant View, Suite 107	b. Cartilage		X	X				X		X	X			
Memphis, Tennessee 38134	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 EXT	e. Embryo	SIP Directed Anonymous												
b. ATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	x				X		x	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	x							x			
	h. Ligament		X	x				X		x	x			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable,	i. Oocyte	SIP Directed												
number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services	j. Pericardium	Anonymous	x	x				x		x	x			
Attn: David M. Smtih, M.D. 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	SIP Directed Anonymous												
b. PHONE	n. Skin		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			
	q. Umbilical Cord Blood	Autologous Family Related												
a. E-MAIL	r. Vascular Graft		X	x							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smtih, M.D.	t. Peritoneal Men	nbrane	X	X				X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 27-JUN-2011	v.													
			1	1	1	1	1		1	1		1	1	

									Statement	FORM	APPR	OVED: 0	OMB No. 0	910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO					ASON FO							IFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(Field Establishm	ent Identifie	er)		a.				N/LISTIN			New Orle	:20-JUL-2011 ans
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS	, TISSUES,	FEI: 10003	07546			b. [=			ON / LISTI				D-JUL-2011
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps	5)						X CHAN		IFORMAT	FION				
(See reverse side for instructions)						d.	INAC	TIVE						
PART I - ESTABLISHMENT INFORMATION		RODUCT INFOR											BIOL BIOL	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	MENT FUNCTION	NS AND	TYPES									GS ULA	14. PROPRIETARY
a. BLOOD FDA 2830 NO				1	ESI		nent Fur	ictions	1	1	300	E E S	P×E°	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													N N	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone		X	X				X		X	X			
Community Blood Center dba Community Tissue Services 1790 Kirby Parkway	b. Cartilage		x	X				X		X	X			
Suite 130 Memphis, Tennessee 38138	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	Directed												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		x	х				Х		X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		x	X							X			
	h. Ligament		x	X				X		X	X			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable,	i. Oocyte	SIP Directed												
number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services	j. Pericardium	Anonymous	x	x				X		x	x			
Attn: David M. Smtih, M.D. 349 South Main Street	k. Peripheral Blood Stem	Autologous												
Dayton, Ohio 45402-2715														
	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			
	o. Somatic Cell Therapy Products	Autologous Family Related												
8. U.S. AGENT	p. Tendon		x	x				X		X	X			
	q. Umbilical Cord Blood	Autologous Family Related												
a. E-MAIL	r. Vascular Graft		x	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							Х		x	X			
a. TYPED NAME David M. Smtih, M.D.	t. Peritoneal Merr	nbrane	X	X				X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 19-JUL-2011	٧.													

	See Ir							s for OMB	Statement	FORM	1 APPR	OVED: 0	OMB No. C	910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO					ASON F							NFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(Field Establishm	ent Identifie	er)						N / LISTIN			New Orle	::08-DEC-2011 ans
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 10003	07546				=			DN / LISTI				5-DEC-2011
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions))					c d. [FORMA	IION				
PART I - ESTABLISHMENT INFORMATION			ΜΛΤΙΟ	אר		u					003	로 자 ::		
3. OTHER FDA REGISTRATIONS	10. ESTABLISH				OF HC	T/Ps						EDIC	RUG RUG	
a. BLOOD FDA 2830 NO						tablishn	nent Fu	nctions			11. HCT/Ps DESCRIBED CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRU	14. PROPRIETARY
	Types of	HCT / Ps									Ξ			NAME(S)
b. DEVICES FDA 2891 NO	19000		Recover	Screen	Test	Package	Process	Store	Label	Distribute	21	ES	AS	
c. DRUG FDA 2656 NO													S	
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone		X	X				X		x	Х			
Community Blood Center dba Community Tissue Services 1790 Kirby Parkway	b. Cartilage		X	X				X		X	X			
Suite 130 Memphis, Tennessee 38138	c. Cornea													
	d. Dura Mater													
a. PHONE 901-683-6566 EXT b. SATELLITE RECOVERY ESTABLISHMENT	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			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X							X			
	h. Ligament		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. Smtih, M.D.	j. Pericardium		x	X				x		x	X			
349 South 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	X			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon		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. Smtih, M.D.	t. Peritoneal Mem	brane	X	X				X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 07-DEC-2011	V.													

	See Instruct									FORM	1 APPRO	OVED:	OMB No. (910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO					ASON F							NFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(FDA Establishme	ent Identifie	r)		a.				N / LISTIN			:D BY FDA : New Orle	.:21-NOV-2012 ans
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 10003	07546			b.				ON / LISTI				6-DEC-2012
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions))					c.			NFORMA [®]	IION				
PART I - ESTABLISHMENT INFORMATION						d.	INAC	IIVE					_	
		RODUCT INFOR				_ / _					HE HE		BIOL CEG	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	MENT FUNCTION	NS AND	TYPES			nent Fur	otiona			1271B			14. PROPRIETARY
a. BLOOD FDA 2830 NO				1	E3			ICLIONS		1	-16E°	Be.	│ ₽≈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			
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X			
1790 Kirby Parkway Suite 130	c. Cornea													
Memphis, Tennessee 38138	d. Dura Mater													
a. PHONE 901-683-6566 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			
c TESTING FOR MICRO-ORGANISMS ONLY 5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve													
	h. Ligament							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. Smtih, M.D.	j. Pericardium	·						x		x	X			
349 South Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem	Autologous Family Related Allogeneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6	m. Semen	SIP Directed Anonymous												
b. PHONE	n. Skin							х		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. Smtih, M.D.	t. Peritoneal Men	nbrane						X		X	x			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 20-NOV-2012	٧.													

	See Instruct									FORM	1 APPRO	OVED: (OMB No. 0	910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATIO					ASON F							IFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(FDA Establishme	ent Identifie	er)		a.				N / LISTIN			New Orle	:27-NOV-2013 ans
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 10003	07546			b.				ON / LISTI				9-DEC-2013
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	5)					C.			NFORMA [®]	TION				
(See reverse side for instructions) PART I - ESTABLISHMENT INFORMATION						d	INAC	TIVE						
		RODUCT INFOR				- / -					HE HE	NED	BIOL BIOL	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	IMENT FUNCTION	NS AND	TYPES			nent Fur						.OGI	14. PROPRIETARY
a. BLOOD FDA 2830 NO					ES		lent Fur	ICTIONS		1	-18°	E E S		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													s s	
 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			
1790 Kirby Parkway Suite 130	c. Cornea													
Memphis, Tennessee 38138	d. Dura Mater													
a. PHONE 901-683-6566 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			
 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. Smtih, M.D.	j. Pericardium	· · ·						x		x	X			
349 South Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem	Autologous Family Related Allogeneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6	m. Semen	SIP Directed Anonymous												
b. PHONE	n. Skin							х		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. Smtih, M.D.	t. Peritoneal Men	nbrane						X		X	x			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 26-NOV-2013	٧.													

	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		EASON F			N / LISTIN	VALIDATIONFOR FDA USE ONLY ¹ G VALIDATED BY FDA:02-DEC-2014						
FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)									ON / LISTI	DISTRICT: New Orleans			
		FEI: 10003	c. [FORMA	TION		PRINTED BY FDA:22-DEC-2014						
(See reverse side for instructions)				d. INACTIVE									
3. OTHER FDA REGISTRATIONS	PART II - PRODUCT INFORMATION PRESULATED BDRUGS AND TYPES OF HCT / Ps 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps Establishment Functions												
a. BLOOD FDA 2830 NO	PARTIL- PRODUCT INFORMATION Interpretation of the product information of the product informating informating information of the product information											14. PROPRIETARY	
	Types of	HCT / Ps							Distribut	N N	12. HCT/Ps REGULATED AS MEDICAL DEVICES	AL DR	NAME(S)
b. DEVICES FDA 2891 NO.	-		Recover Scre	en Test	Package	Package Process	Store	Label	Distribute	2	ES	AS	
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			
Community Blood Center dba Community Tissue Services	b. Cartilage						x		X	x			
1790 Kirby Parkway Suite 130	c. Cornea												
Memphis, Tennessee 38138	d. Dura Mater												
a. PHONE 901-683-6566 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			
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. Smtih, M.D. 349 South Main Street Dayton, Ohio 45402-2715	i. Oocyte	SIP Directed Anonymous											
	j. Pericardium	<u> </u>					x		x	x			
	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			
	o. Somatic Cell Therapy Products	Autologous Family Related											
8. U.S. AGENT	p. Tendon						x		x	x			
		Autologous Family Related											
a. E-MAIL	r. Vascular Graft												
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						X		x	X			
a. TYPED NAME David M. Smtih, M.D.	t. Peritoneal Mem	brane					X		x	X			
b. E-MAIL dsmith@cbccts.org	u.												
c. TITLE CEO d. DATE 01-DEC-2014	٧.												
						-		-	+	-	+		

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. REGISTRATION NUMBER (FDA Establishment Identifier)					EASON F			N / LISTIN	VALIDATIONFOR FDA USE ONLY ¹ G VALIDATED BY FDA:17-NOV-2015						
FOOD AND DRUG ADMINISTRATION					1 5			DN / LISTI	DISTRICT: New Orleans							
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)			FEI: 1000307546				C. CHANGE IN INFORMATION						PRINTED BY FDA:03-DEC-2015			
(See reverse side for instructions)	-					d. [INAC	TIVE				-				
PART I - ESTABLISHMENT INFORMATION		ODUCT INFOR				_ / _						MEDI MEDI	BIOL			
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	MENT FUNCTION	NS AND	TYPES			nent Fu	nctions			HCT/Ps CRIBED ? 1271.10		GS OF	14. PROPRIETARY		
a. BLOOD FDA 2830 NO	Types of								Ī			NAME(S)				
b. DEVICES FDA 2891 NO.	-		Recover	Screen	Test	Package	Package Process	Store	Label	Distribute	e 2	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS			
c. DRUG FDA 2656 NO	-											S				
 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					
1790 Kirby Parkway Suite 130	c. Cornea															
Memphis, Tennessee 38138	d. Dura Mater															
a. PHONE 901-683-6566 EXT b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	e. Embryo	SIP Directed Anonymous														
	f. Fascia	y						X		X	x					
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve															
	h. Ligament							X		X	x					
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. Smtih, M.D. 349 South Main Street Dayton, Ohio 45402-2715	i. Oocyte	SIP Directed Anonymous														
	j. Pericardium							x		X	x					
	k. Peripheral Blood Stem	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					
	o. Somatic Cell Therapy Products	Autologous Family Related														
8. U.S. AGENT	p. Tendon							x		X	x					
		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. Smtih, M.D.	t. Peritoneal Mem	brane						X		X	X					
b. E-MAIL dsmith@cbccts.org	u.															
c. TITLE CEO d. DATE 16-NOV-2015	v.															
							-					1				

FORM FDA - 3356 (5/14)