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 ADMANISTRATION		REGISTRATION NUMBE (Field Establishment Identifier):		FOR SUBMISSION TAL REGISTRATION / LISTING	VALIDATION-FOR FDA USE ONLY	,				
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)		FEI: 3004623084	G. CHA	JUAL REGISTRATION / LISTING LINGE IN INFORMATION CTIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PROD	DUCT INFORMATION	Gi[Pire	oe						
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMEN	NT FUNCTIONS:			1					
a. BLOOD FDA 2830 NO.	a RECO	OVER c TEST	e PROCESS g	LABEL	VALIDATED BY FDA: 14-DEC-2005					
b. DEVICES FDA 2891 NO.	. b SCREE	EEN d PACKAGE	f X STORE h X	DISTRIBUTE	PRINTED BY FDA: 14-DEC-2005 DISTRICT OFFICE: Philadelphia					
c DRUG FDA 2656 NO		11.	12. HCT/Ps	13.	1					
PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	TYPES OF HCT/Ps	HCT/Ps DESCRIBED IN 21 CFR 1271.10		PR	OPRIETARY NAME(S)					
Community Blood Center dba Community Tissue Services 7821 Bartram Avenue	a.	Bone X								
Suite E Philadelphia, Pennsylvania 19153-3233	b_ Gar	artilage X								
PHONE 215-937-9662 EXT	c. C	Comea								
	d _i Dura	ı Waler								
ENTER CORRECTIONS TO ITEM 4	e, En	Embryo								
		Fascia X								
	g. Heart	t Valve								
i. MAILING ADDRESS OF REPORTING OFFICIAL. (Include institution name if applicable, number and street, city, state, country, and post office code)	h, Liga	yamani X			<u></u>					
Community Blood Center/Community Tissue Services 349 South Main Street	į, o	Occyte	·							
Dayton, Ohio 45402-2715	j Pericar	ardium								
PHONE 937-461-3450 EXT 3288		n Cells								
] _L \$	Sciera								
ENTER CORRECTIONS TO ITEM 6	m, Se	Semen								
	•••	Skin X								
. U.S. AGENT	o, Somalic									
. C.S. AGENT	P.	endon X								
	q. Umbilical Blood Stem	n Cells								
a. E-MAIL b. PHONE	r, Vascular	r Graff			•					
REPORTING OFFICIAL'S SIGNATURE	s.				<u> </u>					
TYPED NAME Judith B. Woll, M.D.	l.									
. E-MAIL jwoli@chccts.org	u.				-					
TITLE CEO d. DATE 29-NOV-2005	Y									
0. 0/11C 27-14C 4-2CUU	1	I	1	1						

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

2. REASON FOR SUBMISSION DEPARTMENT OF HEALTH AND HUMAN SERVICES 1. REGISTRATION NUMBER VALIDATION-FOR FDA USE ONLY (Field Establishment Identifier): a. INITIAL REGISTRATION / LISTING FOOD AND DRUG ADMINISTRATION b. X ANNUAL REGISTRATION / LISTING ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, FEI: 3004623084 AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) c. CHANGE IN INFORMATION (See reverse side for instructions) d. NACTIVE PART I - ESTABLISHMENT INFORMATION *3004623084* PART II - PRODUCT INFORMATION 3. OTHER FDA REGISTRATIONS 16. ESTABLISHMENT FUNCTIONS: a RECOVER c TEST e PROCESS g X LABEL a. BLOOD FDA 2830 VALIDATED BY FDA: 12-JAN-2007 b ☐SCREEN d PACKAGE h X DISTRIBUTE f X STORE PRINTED BY FDA: 02-FEB-2007 b. DEVICES FDA 2891 DISTRICT OFFICE: Philadelphia c. DRUG FDA 2656 11. 12. 13. HCT/Ps REGULATED HCT/Ps 4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and TYPES OF PROPRIETARY NAME(S) 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 7821 Bartram Avenue Bone a, Х Suite E Philadelphia, Pennsylvania 19153-3233 Cartilage ħ X Cornea C. PHONE 215-937-9662 EXT Dura Mater d. 5. ENTER CORRECTIONS TO ITEM 4 Embryo Ġ. Fascia f. Х Heart Valve g. 6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, Ligament h. number and street, city, state, country, and post office code) X Community Blood Center dba Community Tissue Services Oocyte i. Attn: Judith E. Woll, M.D. 349 South Main Street Pericardium j, Dayton, Ohio 45402-2715 Peripheral Blood Stem Cells Sclera PHONE 937-461-3261 EXT 7. ENTER CORRECTIONS TO ITEM 6 m. Semen Skin n X Somatic Cells 0. 8. U.S. AGENT Tendon p. X Umbilical Cord q. Blood Stem Cells Vascular Graft r. a. E-MAIL b. PHONE 9. REPORTING OFFICIAL'S SIGNATURE t. a. TYPED NAME Judith E. Woll, M.D. ù. b. E-MAIL jwoll@cbccts.org c. TITLE CEO ٧. d. DATE 01-DEC-2006

See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 7/31/10

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: 3004623084

KEA:	SON FOR SUBMISSION
a. 🗌	INITIAL REGISTRATION / LISTING
	ANNUAL REGISTRATION / LISTING

* 7 ALIDATED By FDA:12/10/07 PRINTED By FDA:12/27

VALIDATION--FOR FDA USE ONLY

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)							INAC		FORIVIAT		DIS	TRICT: P	By FDA: 12/ hiladelphia	•
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	RMATIC	N							유민.1	음교 12.	5 무무류 5	
3. OTHER FDA REGISTRATIONS	10. ESTABLISI	HMENT FUNCTION	NS AND	TYPES	OF HC	T / Ps					SCR R 12	음 등 문 국	D G G H C	
a. BLOOD FDA 2830 NO.					Es	tablishn	nent Fur	nctions			/Ps BED 71.10	F E S	SICA PER	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	(0)
c. DRUG FDA 2656 NO	No HCT / P S	pecified												
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and	a. Bone	-						X	X	X	X			
post office code) Community Blood Center dba Community Tissue Services" 3573 Bristol Pike	b. Cartilage							X	X	X	X			
Suite 201 Bensalem, Pennsylvania 19020	c. Cornea													
•	d. Dura Mater													
a. PHONE 215-245-4506 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			
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, M.D.	j. Pericardium													
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			
	o. Somatic Cells	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.													
a. TYPED NAME David M. Smith, M.D.	t.													
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO/Medical Director d. DATE 05-DEC-2007	v.		+											
G. DATE US-DEC-2007	1													

See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 8/31/10

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
(Field Establishment Identifier)	a. NITIAL REGISTRATION
FEI: 3004623084	b. X ANNUAL REGISTRATION

c. CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY RATION / LISTING | VALIDATED BY FDA:30-DEC-2008 TRATION / LISTING DISTRICT: Philadelphia PRINTED BY FDA:05-JAN-2009

(See reverse side for instructions)	,					d. [INAC	TIVE							
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION											12. ME RE	무무류3		
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps												S G H	<u>.</u>	
a. BLOOD FDA 2830 NO		Establis						ablishment Functions						14. PROPRIETARY NAME(S)	
b. DEVICES FDA 2891 NO.	Types o	Types of HCT / Ps		Screen	Test	Package	Process	Store	Label	Distribute	HCT/Ps SCRIBED IN 21 R 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(O)	
c. DRUG FDA 2656 NO													Š.		
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 3573 Bristol Pike	b. Cartilage							X	X	X	X				
Suite 201 Bensalem, Pennsylvania 19020	c. Cornea														
	d. Dura Mater														
a. PHONE 215-245-4506 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				
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, M.D.	j. Pericardium							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				
	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. Peritoneal Mer	mbrane						X	X	X	X				
a. TYPED NAME David M. Smith, M.D.	t.														
b. E-MAIL dsmith@cbccts.org	u.														
c. TITLE CEO/Medical Director d. DATE 08-DEC-2008	V.														

See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 8/31/10

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: 3004623084

2. REASON FOR SUBMISSION a. NITIAL REGISTRATION / LISTING | VALIDATED BY FDA:05-JAN-2010 b. X ANNUAL REGISTRATION / LISTING DISTRICT: Philadelphia

PRINTED BY FDA:23-FEB-2010

VALIDATION--FOR FDA USE ONLY

AND CELLULAR AND TISSUE-BASED PRODUCTS (HC (See reverse side for instructions)	TS (HCT/Ps) c. Change in information d. INACTIVE													
PART I - ESTABLISHMENT INFORMATION	PART II - PI	RODUCT INFOR	MATIC	N N		u. [유류.	돌유 12	무무유3	3
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	MENT FUNCTION	IS AND	TYPES	OF HC	T / Ps					7 S S S	흥윤공		
a. BLOOD FDA 2830 NO.					Es	tablishr	nent Fui	nctions			71.1(F)	P E S	S S A F	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types o	f 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(S)
c. DRUG FDA 2656 NO.													S	
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, an post office code) 	a. Bone	a. Bone						X	X	X	X			
Community Blood Center dba Community Tissue Services 3573 Bristol Pike	b. Cartilage							X	X	X	X			
Suite 201 Bensalem, Pennsylvania 19020	c. Cornea													
	d. Dura Mater													
a. PHONE 215-245-4506 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			
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, M.D.	j. Pericardium							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			
	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. Peritoneal Me	mbrane						X	X	X	X			
a. TYPED NAME David M. Smith, M.D.	t.													
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 29-DEC-200	9 v.													

See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 8/31/10

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: 3004623084

b. X ANNUAL REGISTRATION / LISTING

2. REASON FOR SUBMISSION

a. INITIAL REGISTRATION / LISTING | VALIDATED BY FDA:29-DEC-2010 DISTRICT: Philadelphia

VALIDATION--FOR FDA USE ONLY

PRINTED BY FDA:05-JAN-2011 CHANGE IN INFORMATION

(See reverse side for instructions)] INAC	TIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PR	PART II - PRODUCT INFORMATION									11. H DESI CFR	돌유12.	무무유.3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHN	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps											F S S F 다	
a. BLOOD FDA 2830 NO.					Es	tablishn	ent Fu	nctions			. HCT/Ps SCRIBED R 1271.10	F PIES	S S E P	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of I	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	N 21) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(O)
c. DRUG FDA 2656 NO.													š	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, ar post office code)	d a. Bone							X	X	X	X			
Community Blood Center dba Community Tissue Services 3573 Bristol Pike	b. Cartilage							X	X	X	X			
Suite 201 Bensalem, Pennsylvania 19020	c. Cornea													
	d. Dura Mater													
a. PHONE 215-245-4506 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)	e. i. Oocyte	SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, M.D.	j. Pericardium							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		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			
		Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft													
9. REPORTING OFFICIAL'S SIGNATURE	s. Peritoneal Memb	brane						X	X	X	X			
TYPED NAME DO STANCE STANCE	t.													
a. TYPED NAME David M. Smith, M.D. b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 21-DEC-201	0 v.													
	· 1								1					

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

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)

FEI: 3004623084

1. REGISTRATION NUMBER (Field Establishment Identifier)

b. X ANNUAL REGISTRATION / LISTING CHANGE IN INFORMATION

a. INITIAL REGISTRATION / LISTING | VALIDATED BY FDA:08-DEC-2011 DISTRICT: Philadelphia PRINTED BY FDA:15-DEC-2011

VALIDATION--FOR FDA USE ONLY

2. REASON FOR SUBMISSION

(See reverse side for instructions)						d.	INAC	TIVE							
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION									유문.1	12. RE ME	B 등 등 13.	DR E 13.		
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps											DIC, BUL HCI	오양하고		
a. BLOOD FDA 2830 NO					Est	tablishn	nent Fu	nctions			11. HCT/Ps DESCRIBED I CFR 1271.10	ATE ATE	S S A S	14. PROPRIETARY NAME(S)	
b. DEVICES FDA 2891 NO.	Types of	f HCT / Ps	Recover	Screen	Test	Package	Process	ocess Store		Distribute) IN 21	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(5)	
c. DRUG FDA 2656 NO													Ö		
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 3573 Bristol Pike	b. Cartilage							X	X	X	X				
Suite 201 Bensalem, Pennsylvania 19020	c. Cornea														
	d. Dura Mater														
a. PHONE 215-245-4506 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				
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, M.D.	j. Pericardium							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				
	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. Peritoneal Mer	nbrane						X	X	X	X				
	t.														
a. TYPED NAME David M. Smith, M.D.	u.														
b. E-MAIL dsmith@cbccts.org															
c. TITLE CEO d. DATE 07-DEC-2011	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 EST/

FEI: 3004623084

1. REGISTRATION NUMBER

(FDA Establishment Identifier)

a. INITIAL REGISTRATION / LISTING b. x ANNUAL REGISTRATION / LISTING

VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:21-NOV-2012 DISTRICT: Philadelphia PRINTED BY FDA:06-DEC-2012

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

d. DATE 20-NOV-2012

CHANGE IN INFORMATION (See reverse side for instructions) d. NACTIVE 11. HCT/Ps DESCRIBED IN 21 CFR 1271.10 12. HCT/Ps REGULATED AS MEDICAL DEVICES PART I - ESTABLISHMENT INFORMATION **PART II - PRODUCT INFORMATION** 3. OTHER FDA REGISTRATIONS 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps 14. PROPRIETARY **Establishment Functions** a. BLOOD FDA 2830 NAME(S) Types of HCT / Ps Recover Screen Package Process Distribute b. DEVICES FDA 2891 NO. c. DRUG FDA 2656 4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and X \mathbf{X} X a. Bone post office code) Community Blood Center dba Community Tissue Services X X X b. Cartilage 3573 Bristol Pike c. Cornea Suite 201 Bensalem, Pennsylvania 19020 d. Dura Mater ☐ SIP e. Embryo Directed a. PHONE 215-245-4506 Anonymous b. SATELLITE RECOVERY ESTABLISHMENT \mathbf{X} \mathbf{X} \mathbf{X} f. Fascia (MANUFACTURING ESTABLISHMENT FEI NO. TESTING FOR MICRO-ORGANISMS ONLY g. Heart Valve 5. ENTER CORRECTIONS TO ITEM 4 X X \mathbf{X} h. Ligament ☐ SIP i. Oocyte Directed 6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, ☐ Anonymous number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services X \mathbf{X} j. Pericardium X Attn: David M. Smith, M.D. k. Peripheral Autologous 349 South Main Street ☐ Family Related Blood Stem Dayton, Ohio 45402-2715 Allogéneic I. Sclera SIP m. Semen Directed a. PHONE 937-461-3450 EXT 3610 Anonymous 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE X X n. Skin o. Somatic Cell Autologous Therapy Family Related Products Allogeneic 8. U.S. AGENT X \mathbf{X} X p. Tendon q. Umbilical Autologous Family Related Cord Blood Allogeneic r. Vascular Graft a. E-MAIL 9. REPORTING OFFICIAL'S SIGNATURE s. Peritoneal Membrane X X \mathbf{X} a. TYPED NAME David M. Smith, M.D. u. b. E-MAIL dsmith@cbccts.org

c. TITLE CEO

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

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)

2. REASON FOR SUBMISSION 1. REGISTRATION NUMBER a. INITIAL REGISTRATION / LISTING (FDA Establishment Identifier) b. X ANNUAL REGISTRATION / LISTING FEI: 3004623084 c. CHANGE IN INFORMATION

VALIDATED BY FDA:27-NOV-2013 DISTRICT: Philadelphia PRINTED BY FDA:09-DEC-2013

VALIDATION--FOR FDA USE ONLY

(See reverse side for instructions)	5)					d. [TIVE							
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	RMATIC	ON							유명.1	MR 12.	B R R 13.		
3. OTHER FDA REGISTRATIONS	10. ESTABLISI	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps											Section		
a. BLOOD FDA 2830 NO					Est	ablishn	nent Fu	nctions		,	/Ps BED 71.10	E SES	SCA SE'S	14. PROPRIETARY NAME(S)	
b. DEVICES FDA 2891 NO	Types o	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. HCIPS REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(O)	
c. DRUG FDA 2656 NO													<i>w</i>		
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	b. Cartilage							X		X	X				
3573 Bristol Pike Suite 201	c. Cornea														
Bensalem, Pennsylvania 19020	d. Dura Mater														
a. PHONE 215-245-4506 EXT	e. Embryo	SIP Directed Anonymous													
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO.	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				
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, 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	m. Semen	SIP Directed Anonymous													
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin	Anonymous						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. Peritoneal Me	mbrane						X		X	X				
a. TYPED NAME David M. Smith, M.D.	t.														
b. E-MAIL dsmith@cbccts.org	u.														
c. TITLE CEO d. DATE 26-NOV-2013	v.														
20110 20110 2013	1		1	1	l	1	1	1	1	1 1		1			

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

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

1. REGISTRATION NUMBER	ï
(FDA Establishment Identifier)	

b. X ANNUAL REGISTRATION / LISTING DISTRICT: Philadelphia FEI: 3004623084

2. REASON FOR SUBMISSION

VALIDATION--FOR FDA USE ONLY a. NITIAL REGISTRATION / LISTING | VALIDATED BY FDA:02-DEC-2014 PRINTED BY FDA:22-DEC-2014

AND CELLULAR AND TISSUE-BASED PROD (See reverse side for instructions)					=	INAC		IFORMA	IION							
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFORMATION									유류.	돌교12 -	무무교3			
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps														
a. BLOOD FDA 2830 NO.		Establishment Functions												14. PROPRIETARY NAME(S)		
b. DEVICES FDA 2891 NO.	Tunas	Types of HCT / Ps		Types of HCT / Ps	/ Ps Recover S	ver 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	NAME(5)
c. DRUG FDA 2656 NO													o			
 PHYSICAL LOCATION (Include legal name, number and street, city, state post office code) 	e, country, and a. Bone							X		X	X					
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X					
3573 Bristol Pike Suite 201	c. Cornea															
Bensalem, Pennsylvania 19020	d. Dura Mater															
a. PHONE 215-245-4506 EXT	e. Embryo	SIP Directed Anonymous														
SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO.	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. Smith, M.D. 349 South Main Street Dayton, Ohio 45402-2715	e if applicable, i. Oocyte	SIP Directed Anonymous														
	j. Pericardium							X		X	X					
	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. Peritoneal Me	mbrane						X		X	X					
a. TYPED NAME David M. Smith, M.D.	t.															
b. E-MAIL dsmith@cbccts.org	u.															
c. TITLE CEO d. DATE 01	I-DEC-2014 V.															

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)

1. REGISTRATION NUMBER (FDA Establishment Identifier)									
FEI: 3004623084									

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

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

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PART I - ESTABLISHMENT INFORMATION PART II - PRODUCT INFORMATION											유문.3	돌문12	무무교3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps										R 12	DIC.	D G G L	14. PROPRIETARY NAME(S)
a. BLOOD FDA 2830 NO.		Es					ablishment Functions						SICA ATE	
b. DEVICES FDA 2891 NO.	Types	Types of HCT / Ps		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	NAME(3)
c. DRUG FDA 2656 NO													o,	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, ar post office code)	a. Bone							X		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X			
3573 Bristol Pike Suite 201	c. Cornea													
Bensalem, Pennsylvania 19020	d. Dura Mater													
a. PHONE 215-245-4506 EXT	e. Embryo	☐ SIP ☐ Directed ☐ Anonymous												
b. SATELLITE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO.	f. Fascia							X		X	X			
c. LT 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) Community Blood Center dba Community Tissue Services Attn: David M. Smith, 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 ☐ 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 Graf													
9. REPORTING OFFICIAL'S SIGNATURE	s. Peritoneal Mo	embrane						X		X	X			
a TVDED NAME David M. Smith, M.D.	t.													
a. TYPED NAME David M. Smith, M.D. b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 16-NOV-20	15 v.													