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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOCO AND DRUG ADMINISTRATION		1. RE	GISTRATION NUMBER d Establishment klantifler);		a. 🛄 🔤 MITT	OR SUBMISSION MAL REGISTRATION / LISTING	VALIDATION-FOR FDA USE ONLY 1
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CEL AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT (See reverse side for instructions)	LS, TISSUES, /Ps)	FE	EI: 1000523928		c. 🗌 CHA	IDAL REGISTRATION / LISTING NGE IN INFORMATION STIVE	
PART I - ESTABLISHMENT INFORMATION	PART II - PROD		NFORMATION				
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMEN		· · · · · ·	_			-
a. BLOOD FDA 2830 NO.	a 🗶 RECO	VER	c TEST e	PROCE	SS g 🛛 L	ABEL	VALIDATED BY FDA: 12-DBC-2005
b. DEVICES FDA 2891 NO.	− b X SCRE	EN	d PACKAGE 1	XSTORE	h X	DISTRIBUTE	PRINTED BY FDA: 12-DEC-2005 DISTRICT OFFICE: Seattle
c. DRUG FDA 2656 NO.			11.	12.	HCT/Ps	13.	•
4. PHYSICAL LOCATION (Include legal name, number and street, cây, state, country, and post office code) Community Blood Center dba Community Tissue Services	TYPES OF HCT/Ps		HCT/Ps DESCRIBED IN 21 CFA 1271.10	REC AS DEVICE	GULATED MEDICAL S, DRUGS, OR GICAL DRUGS	er I	IOPRIETARY NAME(S)
16361 NE Cameron Blvd.	a,	Bone	x				
Portland, Oregon 97230			· · · · · · · · · · · · · · · · · · ·				
· ·	b, Car	Ailage	x				
PHONE 503-408-9394 EXT		omea					
	d, Dura	Mater					-
5. ENTER CORRECTIONS TO ITEM 4	e, Er	тьђю					
· · ·	Ļ F	ascia	x				
	g. Heart	Valve	x				
 MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) 	h, Liga	amant	x				
Community Blood Center/Community Tissue Services 349 S. Main Street	I, O	locyte					
Dayton, Ohio 45402-2715	j. Perica	rdium	x				
PHONE 937-461-3450 EXT 3288	_{k.} Peripheral I Stern						
	ر _ s	Sciera					
7. ENTER CORRECTIONS TO ITEM 6		emen					
	n.	Skin	x				
	D. Somatic	Cells	:				
8. U.S. AGENT	p. Te	rndron	x				
	q. Urrbifical Blood Stem	Cord Cells					
a. E-MAIL b. PHONE	r, Vascular	Graft	x				
9. REPORTING OFFICIAL'S SIGNATURE	s						
	1.						
a. TYPED NAME Judith E. Woll, MD	U.						
b. E-MAIL jwojl@cbects.org	¥.						
c. TITLE CBO d. DATE 29-NOV-2005	¥.						

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			ATION NUMBER	a. 🔄 INITI.	DR 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: 10	00523928		JAL REGISTRATION / LISTING NGE IN INFORMATION TIVE	
PART I - ESTABLISHMENT INFORMATION	PART II - PROD		MATION			*1000523928*
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMEN					
a. BLOOD FDA 2830 NO	a X RECO	VER c	TEST e	PROCESS g X L	ABEL	VALIDATED BY FDA: 12-JAN-2007
b. DEVICES FDA 2891 NO.	b X SCREE	EN d	PACKAGE f	X STORE h X	NSTRIBUTE	PRINTED BY FDA: 02-FEB-2007 DISTRICT OFFICE: Seattle
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) Community Blood Center dba Community Tissue Services	TYPES OF HCT/Ps		HCT/Ps DESCRIBED IN 21 CFR 1271.10	REGULATED AS MEDICAL DEVICES, DRUGS, OR BIOLOGICAL DRUGS	PR	OPRIETARY NAME(S)
16361 NE Cameron Blvd. Portland, Oregon 97230	a.	Bone	X			
Fortiand, Oregon 97250	b. Car	tilage	X			
PHONE 503-408-9394 EXT	c. Co	ornea				
	d <u>.</u> Dura f	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, MD	i. O	locyte				
349 S. Main Street Dayton, Ohio 45402-2715	j. Perical	rdium	X			
	k. Peripheral E Stem					
PHONE 937-461-3261 EXT	I. S	Sclera				
7. ENTER CORRECTIONS TO ITEM 6		emen				
	n.	Skin	X			
	o. Somatic	Cells				
8. U.S. AGENT	р. Те	endon	X			
	q. Umbilical Blood Stem					
a. E-MAIL b. PHONE	r <u>.</u> Vascular	Graft	X			
9. REPORTING OFFICIAL'S SIGNATURE	S.					
	t.					
a. TYPED NAME Judith E. Woll, MD	u.					
b. E-MAIL jwoll@cbccts.org c. TITLE CEO d. DATE 01-DEC-2006	V.					
c. TITLE CEO d. DATE 01-DEC-2006						

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

						See	Instruction	s for OMB S	Statement	FORM	APPR			910-0543. Expiration Date: 7/31/10
DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		1. REGISTRATIO										VA	LIDATION	IFOR FDA USE ONLY 1
FOOD AND DRUG ADMINISTRATION		(Field Establishme	ent Identifie	er)		a.				N/LISTIN				
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS		FEI: 10005	23928				=			ON / LISTI		*	100	<u> </u>
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	5)						=		IFORMA	ION		LIDATED STRICT: S	By FDA:12/	10/07 PRINTED By FDA: 12/17/07
PART I - ESTABLISHMENT INFORMATION						d.	INAC	TIVE						
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	ODUCT INFOR									H H H H H H H H H H H H H H H H H H H	AEDI	3. H	
	IU. ESTABLISHI	VIENT FUNCTION	AND	TTPE5		tablishn	nent Fu	nctions			RIBI		JLA1	14. PROPRIETARY
a. BLOOD FDA 2830 NO												DE V	¥ R E °	NAME(S)
b. DEVICES FDA 2891 NO	Types of	HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	121	ICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
c. DRUG FDA 2656 NO.	No HCT / P Spe	cified						1				1		
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" 16361 NE Cameron Blvd.	b. Cartilage		X	x				X	X	X	x			
Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT	e. Embryo	SIP Directed Anonymous												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	x				X	X	X	x			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		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 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 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	x			
	o. Somatic Cells	Autologous Family Related												
8. U.S. AGENT	p. Tendon		x	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. Smith, MD	t.													
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO/Medical Director d. DATE 05-DEC-2007	v.													

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps		1. REGISTRATI (Field Establishm FEI: 10005	ent Identifie	BER r)		2. RE a. [b. [ASON F	S FOR OMB S OR SUBN AL REGIS JAL REGI NGE IN IN	NISSION TRATIO STRATIC	N / LISTIN ON / LISTI		V/ ALIDATE ISTRICT	ALIDATION D BY FDA: Seattle	910-0543. Expiration Date: 7/3 FOR FDA USE ONLY 27-MAR-2008 -MAR-2008
(See reverse side for instructions) PART I - ESTABLISHMENT INFORMATION	-					d. [_							
		RODUCT INFO			05.110	T / D-					H N N H	NEDI 2. H		
3. OTHER FDA REGISTRATIONS	10. ESTABLISF	IMENT FUNCTION		TYPES		tablishn	nont Eu	nctions						14. PROPRIETARY
a. BLOOD FDA 2830 NO	Types o	f HCT / Ps	Recover	Screen	Test		Process		Label	Distribute	.10 N 21	S TED AS	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(S)
c. DRUG FDA 2656 NO.	No HCT / P Sr	adified										ы К	Sol	
. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and	-	becinied	v	v				v	V	V	v	1	<u>г г</u>	
Community Blood Center dba Community Tissue Services	a. Bone		X	X				X	X	X	X			
16361 NE Cameron Blvd. Portland, Oregon 97230	b. Cartilage		X	X				X	X	X	X			
	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT	e. Embryo	SIP Directed Anonymous												
b SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	X				x	X	x	x			
. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X				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 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 Blood Stem Cells	Autologous Family Related Allogeneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610	m. Semen	SIP Directed Anonymous												
C. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin		X	X				X	X	x	x			
	o. Somatic Cells	Autologous Family Related												
. 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		x	X			
. REPORTING OFFICIAL'S SIGNATURE	S.													
a. TYPED NAME David M. Smith, MD	t.													
b. E-MAIL dsmith@cbccts.org	u.													
a. TITLE CEO/Medical Director d. DATE 20-MAR-2008	v.													

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		1. REGISTRATIO				2. RE	ASON F	IS FOR OMB S OR SUBI AL REGIS	VISSION			VA	ALIDATION	910-0543. Expiration Date: 8/3 FOR FDA USE ONLY 30-DEC-2008
FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELL: AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/P (See reverse side for instructions)		FEI: 10005	23928					JAL REG NGE IN IN TIVE				RINTED	: Seattle 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		HMENT FUNCTIO			OF HC	T/Ps					11. HCT/Ps DESCRIBED I CFR 1271.10	BC E E E E E E E E E E E E E E E E E E E		
a. BLOOD FDA 2830 NO					Es	tablishn	nent Fu	nctions] 71.1			14. PROPRIETARY
b. DEVICES FDA 2891 NO.	Types o	of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	l z	D AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(S)
c. DRUG FDA 2656 NO													õ	
. 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 16361 NE Cameron Blvd.	b. Cartilage		X	X				X	X	X	X			
Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	SIP Directed Anonymous												
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		x	X			
	h. Ligament		X	X				X	X	x	X			
5. 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 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	x			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
. 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		X	X			
). 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/Medical Director d. DATE 08-DEC-2008	v.													

FORM FDA 3356 (4/08)

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		1. REGISTRATIO				2. RE	ASON F	s for OMB S	ISSION			V	ALIDATION	110-0543. Expiration Date: 8/31, FOR FDA USE ONLY 1 11-SEP-2009
FOBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)		(Field Establishm		r)		b. [JAL REGI IGE IN IN	ISTRATIO	N / LISTIN DN / LIST FION	ING DI Pf	STRICT	: Seattle BY FDA:11	
PART I - ESTABLISHMENT INFORMATION	PART II - P			N							유문국	요 문 12	<u></u> 멷 딮 곱 ጏ	
3. OTHER FDA REGISTRATIONS		HMENT FUNCTION			OF HC	T/Ps						BEE		
a. BLOOD FDA 2830 NO					Es	tablishn	nent Fur	nctions			DESCRIBED I CFR 1271.10			14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types o	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(0)
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 16361 NE Cameron Blvd.	b. Cartilage		X	X				X	X	X	X			
Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT b. SATELLITE RECOVERY ESTABLISHMENT	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		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 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 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	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		X	X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue							X		X	X			
a. TYPED NAME David M. Smith, MD	t. Parathyroid							X		X	X			
b. E-MAIL dsmith@cbccts.org	u. Peritoneal Me	mbrane	x	Х				X	X	X	X			
c. TITLE CEO d. DATE 21-AUG-2009	v.													

FORM FDA 3356 (4/08)

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		1. REGISTRATIO				2. RE	ASON F	s for OMB S OR SUBN	ISSION	FORM		V	ALIDATION	910-0543. Expiration Date: 8/31 FOR FDA USE ONLY 1 05-JAN-2010
FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)		FEI: 10005		,		b. [JAL REGINGE IN IN	ISTRATIO	ON / LIST	ING PF	RINTED		-FEB-2010
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR		N							유문국	MR R 12.	믿 뒤 곪 ኌ	
3. OTHER FDA REGISTRATIONS		HMENT FUNCTION			OF HC	T/Ps					DESCRIBED I CFR 1271.10	BEE		
a. BLOOD FDA 2830 NO					Es	tablishn	nent Fu	nctions] 71.18 18 18 18 18 18 18 18 	ATES		14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types o	of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	0 IN 21	D AS EVICES	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	X	X	X			
Community Blood Center dba Community Tissue Services 16361 NE Cameron Blvd.	b. Cartilage		X	X				x	X	X	X			
Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT b. SATELLITE RECOVERY ESTABLISHMENT	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		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 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 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	x			
	o. Somatic Cell Therapy Products	Autologous												
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		X	X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue							X		X	X			
a. TYPED NAME David M. Smith, MD	t. Parathyroid							X		X	X			
b. E-MAIL dsmith@cbccts.org	u. Peritoneal Me	mbrane	x	X				x	X	X	X			
c. TITLE CEO d. DATE 29-DEC-2009	ν.													

FORM FDA 3356 (4/08)

DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATI		BER		2. RE	ASON F	s for OMB	MISSION	-		V	ALIDATION	910-0543. Expiration Date: 8/31 FOR FDA USE ONLY
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/P (See reverse side for instructions)		(Field Establishm	ent Identifie	er)		b. [X ANNI	JAL REG NGE IN IN	ISTRATI	N / LISTIÌ ON / LIST TION		ISTRICT	D BY FDA: Seattle BY FDA:05	29-DEC-2010 -JAN-2011
PART I - ESTABLISHMENT INFORMATION	PART II - P		ΑΜΔΤΙά	אר		u.[223	로 끈 값	ᄪᇢᇐᇕ	
3. OTHER FDA REGISTRATIONS		HMENT FUNCTION			OF HC	T/Ps					11. HCT/Ps DESCRIBED I CFR 1271.10			
a. BLOOD FDA 2830 NO						tablishr	nent Fu	nctions			271.1	I A A F		14. PROPRIETARY
b. DEVICES FDA 2891 NO.	Types o	of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	∥ z	D AS EVICES	13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(S)
c. DRUG FDA 2656 NO													š	
B. 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 16361 NE Cameron Blvd.	b. Cartilage		X	Х				x	X	x	X			
Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT b. SATELLITE RECOVERY ESTABLISHMENT	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		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 Community Tissue Services Attn: David M. Smith, MD	j. Pericardium		X	х				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	X	X			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
3. 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		x	X			
). REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue							x		X	x			
	t. Parathyroid							X		X	X			
a. TYPED NAME David M. Smith, MD b. E-MAIL dsmith@cbccts.org	u. Peritoneal Me	mbrane	X	x				x	X	X	x			
c. TITLE CEO d. DATE 21-DEC-2010	٧.													

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELL AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/P (See reverse side for instructions)		1. REGISTRATI (Field Establishm FEI: 10005	ent Identifi	BER er)		2. R a. [b. [ASON F	s for OMB \$ OR SUBM AL REGIS JAL REGI NGE IN IN TIVE	MISSION STRATIO	N / LISTII ON / LIST	NG VA ING DI PF	VA ALIDATE STRICT: RINTED	ALIDATION D BY FDA Seattle BY FDA:15	910-0543. Expiration Date: 1/31 FOR FDA USE ONLY -08-DEC-2011 -DEC-2011
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	MATIC	DN N							11. HCT/Ps DESCRIBED I CFR 1271.10	MEC 12.	통통류.3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	IMENT FUNCTIO	IS AND	TYPES	OF HC	T / Ps								
a. BLOOD FDA 2830 NO.				·	Es	tablishr	nent Fu	nctions		1	71.10		SCA RES	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types o	of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	∥ z	D AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	11AIII2(0)
c. DRUG FDA 2656 NO													Ň	
. 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 16361 NE Cameron Blvd.	b. Cartilage		X	X				x	X	X	X			
Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT b. SATELLITE RECOVERY ESTABLISHMENT	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		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 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 Blood Stem Cells	Autologous Family Related Allogeneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610	m. Semen	SIP Directed Anonymous												
Z. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin		X	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	X			
	q. Umbilical Cord Blood Stem Cells	Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		X	x				x		x	X			
I. REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue							x		X	X			
a. TYPED NAME David M. Smith, MD	t. Parathyroid							x		X	X			
b. E-MAIL dsmith@cbccts.org	u. Peritoneal Me	mbrane	X	X				x	X	X	X			
c. TITLE CEO d. DATE 07-DEC-2011	v.													

							Instructions			FORM	1 APPRO	OVED:	OMB No. (910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATI					ASON F							NFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(FDA Establishm	ent Identifie	r)		a.				N/LISTIN			:D BY FDA : Seattle	::21-NOV-2012
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS	, TISSUES,	FEI: 10005	23928			b.	=			ON / LISTI				6-DEC-2012
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	5)					c.	=		FORMA	IION				
PART I - ESTABLISHMENT INFORMATION						d.	INAC	TIVE						
		RODUCT INFO			05.110	T (D)							BIOL CE	
3. OTHER FDA REGISTRATIONS	10. ESTABLISH	MENT FUNCTION	NS AND	TYPES		I / Ps tablishn	oont Eur	otiono			1271 RIB			14. PROPRIETARY
a. BLOOD FDA 2830 NO					ES		lent Fur	Ctions			-18°	L 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													0	
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone		X	X			X	x		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage		x	X			X	x		X	X			
16361 NE Cameron Blvd. Portland, Oregon 97230	c. Cornea													
rotuind, oregon 77250	d. Dura Mater													
a. PHONE 503-408-9394 EXT	e. Embryo	SIP Directed Anonymous												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		x	X			x	X		X	X			
c TESTING FOR MICRO-ORGANISMS ONLY 5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X				X		X	X			
	h. Ligament		x	x			x	X		X	X			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable,	i. Oocyte	SIP Directed Anonymous												
number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services	j. Pericardium		x	x			x	x		X	X			
Attn: David M. Smith, MD 349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Blood Stem	Autologous Family Related												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610	m. Semen	SIP Directed Anonymous												
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin		x	x			X	x		X	X			
	o. Somatic Cell Therapy Products	Autologous Family Related												
8. U.S. AGENT	p. Tendon		x	X			X	x		X	X			
	q. Umbilical Cord Blood	Autologous Family Related												
a. E-MAIL	r. Vascular Graft		X	X				X		X	X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue							X		x	X			
a. TYPED NAME David M. Smith, MD	t. Parathyroid							X		x	x			
b. E-MAIL dsmith@cbccts.org	u. Peritoneal Merr	nbrane	X	X			X	X		x	X			
c. TITLE CEO d. DATE 20-NOV-2012	٧.													

FORM FDA 3356 (11/11)

							Instructions			FORM	APPR	OVED: (OMB No. (910-0543. Expiration Date: 1/31/14
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATI					ASON FO							NFOR FDA USE ONLY 1
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		(FDA Establishm	ent Identifie	r)		a.				N/LISTIN			D BY FDA Seattle	::19-NOV-2013
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS	, TISSUES,	FEI: 10005	23928			b.	-			ON / LISTI				9-DEC-2013
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	5)					C	=		FORMA	IION				
PART I - ESTABLISHMENT INFORMATION						d.	INAC	IVE				274		
3. OTHER FDA REGISTRATIONS		RODUCT INFO			05.110	T / D-							BIOL OR H	
	10. ESTABLISP	IMENT FUNCTIO	NS AND	TTPES			nent Fur	otions			11. HCT/Ps DESCRIBED IN 21 CFR 1271.10			14. PROPRIETARY
a. BLOOD FDA 2830 NO											100	E.	₽~ē°	NAME(S)
b. DEVICES FDA 2891 NO	Types o	f HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	4 21	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
c. DRUG FDA 2656 NO														
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone		Х	Х				Х		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage		X	X				X		X	X			
16361 NE Cameron Blvd. Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 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			
c TESTING FOR MICRO-ORGANISMS ONLY 5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X				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 da Community Tissue Services Attn: David M. Smith, MD	j. Pericardium		x	x				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 7. ENTER CORRECTIONS TO ITEM 6	m. Semen	SIP Directed Anonymous												
b. PHONE	n. Skin		X	X				Х		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 Allogeneic												
a. E-MAIL	r. Vascular Graft		X	X				Х		X	X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue							X		x	x			
a. TYPED NAME David M. Smith, MD	t. Parathyroid							X		x	x			
b. E-MAIL dsmith@cbccts.org	u. Peritoneal Mer	mbrane	x	x				Х		x	x			
c. TITLE CEO d. DATE 18-NOV-2013	٧.													

FORM FDA 3356 (11/11)

								s for OMB			APPR			910-0543. Expiration Date: 1/31
DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/PS		1. REGISTRAT (FDA Establishr FEI: 1000:	nent Identifie			a b c		JAL REG NGE IN IN	STRATIO	N / LISTIN ON / LISTI	NG DI	ALIDATE STRICT:	D BY FDA: Seattle	FOR FDA USE ONLY 1 31-DEC-2013 -JAN-2014
(See reverse side for instructions) PART I - ESTABLISHMENT INFORMATION						d.	INAC	TIVE			00-	<u>ح ۲ -</u>		
3. OTHER FDA REGISTRATIONS		HMENT FUNCTIO				T / De							IOLORUGU	
	IU. LOTABLIS			111 23		tablishn	nent Fu	nctions			11. HCT/Ps DESCRIBED I CFR 1271.10			14. PROPRIETARY
a. BLOOD FDA 2830 NO	Types of	of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	z		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, and post office code) 	a. Bone		X	X			X	X		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage		Х	х			x	x		X	X			
16361 NE Cameron Blvd. Portland, Oregon 97230	c. Cornea													
	d. Dura Mater													
a. PHONE 503-408-9394 EXT	e. Embryo	SIP Directed Anonymous												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO.	f. Fascia	·	X	X			X	х		X	X			
	g. Heart Valve		X	X			x	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 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	х			x	x		X	х			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon		X	х			x	x		X	X			
	q. Umbilical Cord Blood	Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		X	x			x	x		X	X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							x		x	x			
A TYPED NAME David M Smith MD	t. Peritoneal Me	embrane	x	X			X	X		x	X			
a. TYPED NAME David M. Smith, MD b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 30-DEC-2013	٧.													

DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATION NUMBER					2. REASON FOR SUBMISSION						ROVED:OMB No.0910-0543. Expiration Date: 3/31/2017 VALIDATIONFOR FDA USE ONLY			
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)		(FDA Establishment Identifier) FEI: 1000523928			a. INITIAL REGISTRATION / LISTING b. X ANNUAL REGISTRATION / LISTING c. CHANGE IN INFORMATION d. INACTIVE					NG DI PF	VALIDATED BY FDA:02-DEC-2014					
PART I - ESTABLISHMENT INFORMATION	PART II - P	PART II - PRODUCT INFORMATION									유문크		ᄪᇢᇛᇸ			
3. OTHER FDA REGISTRATIONS	-	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps										885				
a. BLOOD FDA 2830 NO		Establishment Functions								11. HCT/Ps DESCRIBED I CFR 1271.10		13. HCT/Ps REGULATED DRUGS OR BIOLOGICAL	14. PROPRIETARY			
b. DEVICES FDA 2891 NO	Turnes of HCT / Po		es of HCT / Ps Recover Screen Test Pac	Package	Process	s Store	Label	Distribute	Z	12. HCT/Ps REGULATED AS MEDICAL DEVICES	ED AS AL DRUGS	NAME(S)				
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	X					
Community Blood Center dba Community Tissue Services	b. Cartilage		x	Х			X	X		X	X					
16361 NE Cameron Blvd. Portland, Oregon 97230	c. Cornea															
a. PHONE 503-408-9394 EXT b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY 5. ENTER CORRECTIONS TO ITEM 4	d. Dura Mater															
	e. Embryo	SIP Directed Anonymous														
	f. Fascia		X	X			X	X		X	х					
	g. Heart Valve		x	X			x	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) Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD 349 S. Main Street Dayton, Ohio 45402-2715	i. Oocyte	SIP Directed Anonymous														
	j. Pericardium		x	X			X	X		x	X					
	k. Peripheral Blood Stem	Autologous Family Related Allogeneic														
	I. Sclera															
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	m. Semen	SIP Directed Anonymous														
	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	Autologous Family Related														
a. E-MAIL	r. Vascular Graft		x	X			x	X		x	Х					
. 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					
E-MAIL dsmith@cbccts.org	u.															
d. DATE 01-DEC-2014	v.															

DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. REGISTRATION NUMBER					2. REASON FOR SUBMISSION						OVED:OMB No.0910-0543. Expiration Date: 3/31/2017 VALIDATIONFOR FDA USE ONLY			
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)		(FDA Establishment Identifier) FEI: 1000523928				a. INITIAL REGISTRATION / LISTING b. X ANNUAL REGISTRATION / LISTIN c. CHANGE IN INFORMATION d. INACTIVE					NG DI					
PART I - ESTABLISHMENT INFORMATION	PART II - P										유물크	≦ 22.12	ᄪᇢᇐᇕ			
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps										Bee H				
a. BLOOD FDA 2830 NO		Establishment Functions								11. HCT/Ps DESCRIBED I CFR 1271.10		13. HCT/Ps REGULATED , DRUGS OR BIOLOGICAL	14. PROPRIETARY			
b. DEVICES FDA 2891 NO.	Turnes of UCT / Po		ICT / Ps Recover Screen Test	Test	Test Package	ge Process	cess Store	ore Label	Distribute	Z	12. HCT/Ps REGULATED AS MEDICAL DEVICES	AL DRUGS	NAME(S)			
c. DRUG FDA 2656 NO													ой Мари			
. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and bost office code)	a. Bone		X	X			X	X		X	x					
Community Blood Center dba Community Tissue Services	b. Cartilage		Х	х			X	Х		X	x					
16361 NE Cameron Blvd. Portland, Oregon 97230 a. PHONE 503-408-9394 EXT b. □ SATELLITE RECOVERY ESTABLISHMENT C. □ TESTING FOR MICRO-ORGANISMS ONLY 5. ENTER CORRECTIONS TO ITEM 4	c. Cornea															
	d. Dura Mater															
	e. Embryo	SIP Directed Anonymous														
	f. Fascia		x	X			X	X		X	x					
	g. Heart Valve		X	X			X	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) Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD 349 S. Main Street Dayton, Ohio 45402-2715	i. Oocyte	SIP Directed Anonymous														
	j. Pericardium		x	X			X	X		X	x					
	k. Peripheral Blood Stem	Autologous Family Related Allogeneic														
	I. Sclera															
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	m. Semen	SIP Directed Anonymous														
	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	Autologous Family Related Allogeneic														
a. E-MAIL	r. Vascular Graft		x	X			X	X		x	x					
I. REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue		x	x			X	X		x	x					
a. TYPED NAME David M. Smith, MD	t. Parathyroid							X		x	X					
b. E-MAIL dsmith@cbccts.org	u. Peritoneal Me	mbrane	x	X			x	X		x	X					
c. TITLE CEO d. DATE 16-NOV-2015	v.															