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See Reversa los OMB Statement

						: OMB No. 0910-0469. Expiration Date: July 31, 2007
DEPARTME FOO	INT OF HEALTH AND HUMAN SERVICES XD AND DRUG ADMINISTRATION		REGISTRATION NUMBER (Field Establishman) (dentifier):		FOR SUBMISSION TAL REGISTRATION / LISTING	VALIDATIONFOR FDA USE ONLY
AND CELLULAR	RATION AND LISTING FOR HUMAN CELLS AND TISSUE-BASED PRODUCTS (HCT/Ps (See roverse side for instructions)	, TISSUES,)	FEt: 3001238006	a. ☐ CHA	IUAL REGISTRATION / LISTING MGE IN INFORMATION CITIVE	
PART I - ESTABLISHMENT INFOR	MATION	PART II - PROD	OUCT INFORMATION			
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMEN				INTERNET ICH 858 MTS BITT BILDLEUN ITT BEITT
a. BLOOD FDA 2830 NO.		a X RECOV		PROCESS g X	ABEL	
b. DEVICES FDA 2891 NO.		b X SCREE	EN d PACKAGE !	<u></u>	DISTRIBUTE	VALIDATED BY FDA: 19-DEC-2005 PRINTED BY FDA: 19-DEC-2005 DISTRICT OFFICE: Dallas
c. DRUG FDA 2656 NO			11. 1	2. HCT/Ps	13.	
post office code)	ame, number and street, city, state, country, and	TYPES OF HCT/Ps	HCT/Ps DESCRIBED IN 21 CFR 1271.10	REGULATED AS MEDICAL DEVICES, DRUGS, OR BIOLOGICAL DRUGS	PR	OPPLIETARY NAME(S)
Community Blood Center dba Co 328 South Adams Street	ommunity Tissue Services				·	
Fort Worth, Texas 76104			Воле Х			
		b, Carli	ilage X .			
PHONE 817-332-1898	EXT	c. Go	DIFTIGRA			
		ol Duva M	Mater			
5. ENTER CORRECTIONS TO ITEM 4		e, Em	ibrya			
		i, Fa	ascia X		-	
<u>-</u>		g. Heart V	/alve X			·
number and sireet, city, state, country, and		h, Ligan	ment X			
Community Blood Center/Community Street	unity Tissue Services	i. 00	ocyle			
Dayton, Ohio 45402-2715]. Pericand	dium X			
PHONE 937-461-3450	EXT 3288	k, Peripheral Bl Stem C				
		I,· Sc	lera			
. ENTER CORRECTIONS TO ITEM 6		m, Ser	men			· · · · · · · · · · · · · · · · · · ·
		n,	Skón X			
		o. Somatic C	Pells			
U.S. AGENT		p, Ten	rdon X			
		q. Umbilical C Blood Stein C				
a. E-MAIL	b. PHONE	r Vascular G	iradi X			

b. E-MAIL jwoll@chects.org

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME Judith B. Woll, MD

a, E-MAIL

p. TITLE CEO

b. PHONE

d. DATE 08-DEC-2005

FORM APPROVED: OMB No. 0910-0469. Expiration Date: July 31, 2007 2. REASON FOR SUBMISSION VALIDATION--FOR FDA USE ONLY 1. REGISTRATION NUMBER DEPARTMENT OF HEALTH AND HUMAN SERVICES a. NITIAL REGISTRATION / LISTING (Field Establishment Identifier): FOOD AND DRUG ADMINISTRATION b. X ANNUAL REGISTRATION / LISTING ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, FEI: 3001238006 c. CHANGE IN INFORMATION AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions) d. INACTIVE *3001238006* **PART I - ESTABLISHMENT INFORMATION PART II - PRODUCT INFORMATION** 3. OTHER FDA REGISTRATIONS 10. ESTABLISHMENT FUNCTIONS: a X RECOVER c TEST e PROCESS g X LABEL VALIDATED BY FDA: 12-JAN-2007 a. BLOOD FDA 2830 b X SCREEN d PACKAGE f X STORE h X DISTRIBUTE PRINTED BY FDA: 02-FEB-2007 b. DEVICES FDA 2891 NO. DISTRICT OFFICE: Dallas 13. c. DRUG FDA 2656 11. HCT/Ps REGULATED HCT/Ps 4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and PROPRIETARY NAME(S) TYPES OF AS MEDICAL DESCRIBED IN post office code) HCT/Ps DEVICES, DRUGS, OR 21 CFR 1271.10 **BIOLOGICAL DRUGS** Community Blood Center dba Community Tissue Services Bone 328 South Adams Street a. \mathbf{X} Fort Worth, Texas 76104 Cartilage b. X PHONE 817-332-1898 EXT Cornea C. Dura Mater d. 5. ENTER CORRECTIONS TO ITEM 4 Embryo e. Fascia f. \mathbf{X} Heart Valve g. X 6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, Ligament h. X number and street, city, state, country, and post office code) Community Blood Center dba Community Tissue Services Oocyte Attn: Judith E. Woll, MD 349 S. Main Street Pericardium \mathbf{X} Dayton, Ohio 45402-2715 Peripheral Blood k. Stem Cells Sclera 1. PHONE 937-461-3261 EXT 7. ENTER CORRECTIONS TO ITEM 6 Semen m. Skin n. \mathbf{X} Somatic Cells 0. 8. U.S. AGENT Tendon p. X **Umbilical Cord** q. Blood Stem Cells Vascular Graft r. X a. E-MAIL b. PHONE 9. REPORTING OFFICIAL'S SIGNATURE S. t. a. TYPED NAME Judith E. Woll, MD u. b. E-MAIL jwoll@cbccts.org

٧.

d. DATE 01-DEC-2006

c. TITLE CEO

See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 7/31/10 DE 4 0011 FOR 011D111001011

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

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

FEI: 3001238006

	SON FOR SUBMISSION
a. 🗌	INITIAL REGISTRATION / LISTING
b. X	ANNUAL REGISTRATION / LISTING

c CHANGE IN INFORMATION

* 2001 220004 *

VALIDATION--FOR FDA USE ONLY

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)						INAC		FURIVIAT		DIS	TRICT: D	By FDA:12/ Pallas	•	
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	RMATIC	N							유류.	돌유 12	무무유 3	
3. OTHER FDA REGISTRATIONS	10. ESTABLIS	HMENT FUNCTION	NS AND	TYPES	OF HC	T / Ps					R SCR 12	음 등 문 국	D G G H C	
a. BLOOD FDA 2830 NO.					Es	tablishr	nent Fur	nctions			71.10		SCA SEE 'A	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types	of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	N 21	OAS	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	in E(o)
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	X	X			
post office code) Community Blood Center dba Community Tissue Services"	b. Cartilage		X	X				X	X	X	X			
328 South Adams Street Fort Worth, Texas 76104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	SIP Directed Anonymous												
(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			
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 Allogeneic												
8. U.S. AGENT	p. Tendon		X	X				X	X	X	X			
	q. Umbilical Cord Blood Stem Cells	Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	S.													
TYPED NAME D. LIM G. H. MD.	t.													
a. TYPED NAME David M. Smith, MD	u.													
b. E-MAIL dsmith@cbccts.org														
c. TITLE CEO/Medical Director d. DATE 05-DEC-2007	v.													

1. REGISTRATION NUMBER (Field Establishment Identifier)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

FEI: 3001238006

1. REGISTRATION NUMBER

(Field Establishment Identifier)

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

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

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps (See reverse side for instructions)	s)						INAC		FORIVIA					
PART I - ESTABLISHMENT INFORMATION	PART II - P	RODUCT INFOR	RMATIC	N							요요.	≦R 12.	B B B 13.	
3. OTHER FDA REGISTRATIONS	10. ESTABLISI	HMENT FUNCTION	S AND	TYPES							R SCRI	유민	DLOG GUL HCT	
a. BLOOD FDA 2830 NO.				1	Es	tablishr	nent Fur	nctions		1	1.18 PS	L PE AS	E SEE	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO	Types	of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	N 21	AS	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
c. DRUG FDA 2656 NO	No HCT / P S	pecified												
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" 328 South Adams Street	b. Cartilage		X	X				X	X	X	X			
Fort Worth, Texas 76104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo	SIP Directed Anonymous												
(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			
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 Cells	☐ Autologous ☐ Family Related ☐ Allogeneic												
8. U.S. AGENT	p. Tendon		X	X				X	X	X	X			
	q. Umbilical Cord Blood Stem Cells	☐ Autologous ☐ Family Related ☐ Allogeneic												
a. E-MAIL	r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	S.													
a. TYPED NAME David M. Smith, MD	t.													
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO/Medical Director d. DATE 20-MAR-2008	v.						+							
Signification Director														

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

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

(Field Establishment Identifier) FEI: 3001238006

1. REGISTRATION NUMBER

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:30-DEC-2008 DISTRICT: Dallas PRINTED BY FDA:05-JAN-2009

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

(See reverse side for instructions)	d. NACTIVE												
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT IN	FORMATION		DES CFR	돌유 12.	B R R 13.							
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNC	TIONS AND	TYPES	OF HC	T / Ps					SCR R 12	음 유 단	SOL HCI	
a. BLOOD FDA 2830 NO				Es	tablishm	ent Fu	nctions			HCT/Ps SCRIBED R 1271.10	F PIES	ATE S	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	N 21) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	(0)
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	X	X			
Community Blood Center dba Community Tissue Services 328 South Adams Street	b. Cartilage	X	X				X	X	X	X			
Fort Worth, Texas 76104	c. Cornea												
	d. Dura Mater												
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo SIP Directed Anonymou	ıs											
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 Anonymou	ıs											
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium	X	X				X	X	X	X			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Autologous Blood Stem Family Rela Cells Allogeneic												
	I. Sclera												
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6	m. Semen SIP Directed Anonymous	s											
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin	X	X				X	X	X	X			
	o. Somatic Cell Autologous Therapy Family Rela Products Allogeneic												
8. U.S. AGENT	p. Tendon	X	X				X	X	X	X			
	q. Umbilical Autologous Cord Blood Family Rela Stem Cells Allogeneic												
a. E-MAIL	r. Vascular Graft	X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Membrane	X	X				X	X	X	X			
b. E-MAIL dsmith@cbccts.org	u.												
c. TITLE CEO/Medical Director d. DATE 08-DEC-2008	v.												

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION

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

1. REGISTRATION NUMBER (Field Establishment Identifier) FEI: 3001238006

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

VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:01-MAY-2009 DISTRICT: Dallas PRINTED BY FDA:10-AUG-2009

(See reverse side for instructions)						d.	INAC	ΓIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION											돌유 12.	무무요3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT				OF HC1	ſ/Ps					11. HCT DESCR CFR 12	BEE	DLOS GELL GELL GELL GELL GELL GELL GELL GEL	
a. BLOOD FDA 2830 NO					Est	ablishn	ent Fur	ctions			/Ps 1BED 71.10	ATE ATE	ATE OR SICA	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of HCT / P	's R	Recover	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	(6)
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 328 South Adams Street Fort Worth, Texas 76104	b. Cartilage		X	X				X	X	X	X			
Tolt Words, Toxas 70104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO.	e. Embryo SIP													
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	ected onymous												
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		ologous nily Related geneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610	m. Semen SIP	ected enymous												
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin	,	X	X				X	X	X	X			
	Therapy	ologous nily Related geneic												
8. U.S. AGENT	p. Tendon		X	X				X	X	X	X			
		ologous nily Related geneic												
a. E-MAIL	r. Vascular Graft		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 Membrane		X	X				X	X	X	X			
c. TITLE CEO d. DATE 30-APR-2009	V.													

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

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

1. REGISTRATION NUMBER (Field Establishment Identifier)
FEI: 3001238006

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:05-JAN-2010
DISTRICT: Dallas
PRINTED BY FDA:23-FEB-2010

(See reverse side for instructions)					d. [INAC	TIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION									유민.1	음유 12.	무무유 13	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTION	NS AND	TYPES							SCR 12	BE H	D G G H	
a. BLOOD FDA 2830 NO			1	Es	tablishn	nent Fur	nctions			Ps BED	F DE V.	SCA STE	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(O)
c. DRUG FDA 2656 NO												<i>o</i> s	
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Companying Placed Contact the Companying Tissue Services	a. Bone	X	X				X	X	X	X			
Community Blood Center dba Community Tissue Services 328 South Adams Street Fort Worth, Texas 76104	b. Cartilage	X	X				X	X	X	X			
Fort Worth, Texas 70104	c. Cornea												
	d. Dura Mater												
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT	e. Embryo SIP Directed Anonymous												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia	X	X				X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve	X	X							X			
	h. Ligament	X	X				X	X	X	X			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium	X	X				X	X	X	X			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Autologous Blood Stem Family Related Cells Allogeneic	ı											
	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 Autologous Therapy Family Related Products Allogeneic	i											
8. U.S. AGENT	p. Tendon	X	X				X	X	X	X			
	q. Umbilical Autologous Cord Blood Family Related Stem Cells Allogeneic	ı											
a. E-MAIL	r. Vascular Graft	X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Nerve Tissue						X		X	X	<u> </u>		
a. TYPED NAME David M. Smith, MD	t. Parathyroid						X		X	X			
b. E-MAIL dsmith@cbccts.org	u. Peritoneal Membrane	X	X				X	X	X	X			
c. TITLE CEO d. DATE 29-DEC-2009	٧.												

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: 3001238006

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:29-DEC-2010 DISTRICT: Dallas PRINTED BY FDA:05-JAN-2011

(See reverse side for instructions)	'					d. [INAC	TIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION											돌유 12	무무유 3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMEN				OF HC	T / Ps					11. HCT DESCRI CFR 12:	BIC/ GUL HCT	Serie	
a. BLOOD FDA 2830 NO			,		Est	ablishm	nent Fui	nctions			HCT/Ps SCRIBED R 1271.10	ATE!	SICA RES	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of HCT	/Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	IN 21) AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	.u(0)
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	X	X			
Community Blood Center dba Community Tissue Services 328 South Adams Street	b. Cartilage		X	X				X	X	X	X			
Fort Worth, Texas 76104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO.		SIP Directed Anonymous												
c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	X				X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X							X			
	h. Ligament		X	X				X	X	X	X			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)		SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium		X	X				X	X	X	X			
349 S. Main Street Dayton, Ohio 45402-2715	Blood Stem Fa	utologous amily Related llogeneic												
	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	X	X			
	Therapy	utologous amily Related llogeneic												
8. U.S. AGENT	p. Tendon		X	X				X	X	X	X			
	Cord Blood	utologous amily Related llogeneic												
a. E-MAIL	r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Membrane	Э	X	X				X	X	X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 21-DEC-2010	V.													

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

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,

1. REGISTRATION NUMBER	2. REASON FOR SUBMISSION
(Field Establishment Identifier)	a. NITIAL REGISTRATION / LISTING
FEI: 3001238006	b. X ANNUAL REGISTRATION / LISTING
FEI. 3001230000	CHANCE IN INFORMATION

	VALIDATIONFOR FDA USE ONLY
IG	VALIDATED BY FDA:08-DEC-2011
NG	DISTRICT: Dallas
ING	PRINTED BY FDA:15-DEC-2011

(See reverse side for instructions)					d. [TIVE	ii Ortivii ti	11011				
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION										MR 12.	무무유 13	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTION			OF HC	T / Ps					11. HCT/Ps DESCRIBED I CFR 1271.10	DIC. HCJ	D G G L	
a. BLOOD FDA 2830 NO			,	Es	tablishr	nent Fu	nctions			/Ps IBED 71.10	ATE SA',	S S E P	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	N 21	D AS EVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	NAME(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	X	X			
Community Blood Center dba Community Tissue Services 328 South Adams Street Fort Worth, Texas 76104	b. Cartilage	X	X				X	X	X	X			
Fort Worth, Texas 70104	c. Cornea												
	d. Dura Mater												
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO.	e. Embryo SIP Directed Anonymous												
c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia	X	X				X	X	X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve	X	X							X			
	h. Ligament	X	X				X	X	X	X			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium	X	X				X	X	X	X			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Autologous Blood Stem Family Related Cells Allogeneic												
	I. Sclera												
a. PHONE 937-461-3450 EXT 3610	m. Semen SIP Directed Anonymous												
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin	X	X				X	X	X	X			
	o. Somatic Cell	1											
8. U.S. AGENT	p. Tendon	X	X				X	X	X	X			
	q. Umbilical Autologous Cord Blood Family Related Stem Cells Allogeneic												
a. E-MAIL	r. Vascular Graft	X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Membrane	X	X				X	X	X	X			
b. E-MAIL dsmith@cbccts.org	u.												
c. TITLE CEO d. DATE 07-DEC-2011	V.	1											

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

2. REASON FOR SUBMISSION a. INITIAL REGISTRATION / LISTING VALIDATED BY FDA:21-NOV-2012

X

X

 \mathbf{X}

 \mathbf{X}

X

X

 \mathbf{X}

VALIDATION--FOR FDA USE ONLY

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: 30012	38006			b. [] c. [d. [X ANNU CHAN	IGE IN IN	ISTRATIO IFORMAT			STRICT: RINTED E		S-DEC-2012
PART I - ESTABLISHMENT INFORMATION	PART II - PRO	DDUCT INFOR	RMATIC	N							유류크	돌문12	무무유:3	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHM	IENT FUNCTION	NS AND	TYPES	OF HC	T / Ps					R CR	DIC.	D C C C C C C C C C C C C C C C C C C C	
a. BLOOD FDA 2830 NO					Est	ablishn	nent Fur	nctions			71.E/Ps	ATE S	SCARS	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of H	ICT / 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	ivim2(0)
c. DRUG FDA 2656 NO														
PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone		X	X			X	X		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage		X	X			X	X		X	X			
328 South Adams Street Fort Worth, Texas 76104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT		SIP Directed Anonymous												
a. PHONE 817-332-1898 EXT b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. c. TESTING FOR MICRO-ORGANISMS ONLY 5. ENTER CORRECTIONS TO ITEM 4	f. Fascia		X	X			X	X		X	X			
	g. Heart Valve		X	X							X			
	h. Ligament		X	X			X	X		X	X			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte [SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium		X	X			X	X		X	X			
349 S. Main Street Dayton, Ohio 45402-2715	Blood Stem	Autologous Family Related Allogeneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6	m. Semen	SIP Directed Anonymous												
b. PHONE	n. Skin		X	X			X	X		X	X			
	Therapy [Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon		X	X			X	X		X	X			
	Cord Blood	Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		X	X							X			

X

X

s. Parathyroid

u.

d. DATE 20-NOV-2012

t. Peritoneal Membrane

1. REGISTRATION NUMBER

(FDA Establishment Identifier)

c. TITLE CEO

b. E-MAIL dsmith@cbccts.org

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME David M. Smith, MD

VALIDATION--FOR FDA USE ONLY

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULA AND TISSUE BASED BRODUCTS (HCT/Ps)

1. REGISTRATION NUMBER	2. REASON FOR SUBMISSION
(FDA Establishment Identifier)	a. INITIAL REGISTRATION / LIST
FEI: 3001238006	b. X ANNUAL REGISTRATION / LIS
JUN1230000	

	INITIAL REGISTRATION / LISTING	
-	ANNUAL REGISTRATION / LISTING	DISTRICT: Dallas
=		PRINTED BY FDA:09-DEC-2013
╝	CHANGE IN INFORMATION	

(See reverse side for instructions))					d. [INAC		ORWA	1014				
PART I - ESTABLISHMENT INFORMATION									유명.1	≦R12	BRE 13.			
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT				OF HC	T / Ps					SCR R 12:	E E E	Sent	
a. BLOOD FDA 2830 NO.					Est	ablishn	nent Fur	nctions			/Ps 71.10	L ATE	E SEE	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO	Types of HCT / F	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													o,	
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	b. Cartilage		X	X				X		X	X			
328 South Adams Street Fort Worth, Texas 76104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT	e. Embryo SIF	P rected nonymous												
b. SATELITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. 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			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte SIF	P rected nonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium		X	X				X		X	X			
349 S. Main Street Dayton, Ohio 45402-2715	Blood Stem Fan	tologous mily Related ogeneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610	m. Semen SIP	ected onymous												
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin	enymous -	X	X				X		X	X			
	Therapy	tologous mily Related ogeneic												
8. U.S. AGENT	p. Tendon		X	X				X		X	X			
	Cord Blood Fan	tologous mily Related ogeneic												
a. E-MAIL	r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Membrane		X	X				X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 18-NOV-2013	v.													

DEPARTMENT OF HEALTH AND HUMAN SERVICE
PUBLIC HEALTH SERVICE

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

FEI: 3001238006

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

VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:31-DEC-2013 DISTRICT: Dallas PRINTED BY FDA:27-JAN-2014

(See reverse side for instructions)	/FS)					d. [INAC	TIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION									유류크	돌교12	무무유3		
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT	FUNCTIONS	AND	TYPES							DESCRIBED I CFR 1271.10	E E E	DE SECTION OF THE SEC	
a. BLOOD FDA 2830 NO.					Est	tablishn	ent Fu	nctions			71.10	E SES	SCA SE'S	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO.	Types of HCT / P	s Re	lecover	Screen	Test	Package	Process	Store	Label	Distribute	z	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	-(-)
c. DRUG FDA 2656 NO	_												G	
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	b. Cartilage		X	X			X	X		X	X			
328 South Adams Street Fort Worth, Texas 76104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT	e. Embryo SIP	ected onymous												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO.	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			
	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 Dire	ected onymous												
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 Auto Blood Stem Fam	ily Related												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610	m. Semen SIP Dire	cted nymous												
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin		X	X			X	X		X	X			
	o. Somatic Cell Auto Therapy Fam Products Allog	ily Related												
8. U.S. AGENT	p. Tendon		X	X			X	X		X	X			
	q. Umbilical Auto Cord Blood Fam	ologous nily Related geneic												
a. E-MAIL	r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid						X	X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Membrane		X	X			X	X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 30-DEC-2013	v.													

1. REGISTRATION NUMBER

(FDA Establishment Identifier)

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

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: 3001238006

2. REAS	SON FOR SUBMISSION
a. 🗌	INITIAL REGISTRATION / LISTING
b. X	ANNUAL REGISTRATION / LISTIN
<u>_</u> □	CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY G VALIDATED BY FDA:02-DEC-2014 NG DISTRICT: Dallas PRINTED BY FDA:22-DEC-2014

(See reverse side for instructions)	>)				d.		TIVE						
PART I - ESTABLISHMENT INFORMATION								유명.1	음음12.	B R R 13.			
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIO	NS AND	TYPES	OF HC	T / Ps					R SCS		Section	
a. BLOOD FDA 2830 NO		Establishment Functions									L DIE	SCA SE'S	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	(3)
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	X		X	X			
Community Blood Center dba Community Tissue Services	b. Cartilage	X	X			X	X		X	X			
328 South Adams Street Fort Worth, Texas 76104	c. Cornea												
	d. Dura Mater												
a. PHONE 817-332-1898 EXT	e. Embryo SIP Directed Anonymous												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO.	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			
	h. Ligament	X	X			X	X		X	X			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium	X	X			X	X		X	X			
349 S. Main Street Dayton, Ohio 45402-2715	k. Peripheral Autologous Blood Stem Family Related 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 Autologous Therapy Family Related Products Allogeneic												
8. U.S. AGENT	p. Tendon	X	X			X	X		X	X			
	q. Umbilical Autologous Cord Blood Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft	X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid					X	X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Membrane	X	X			X	X		X	X			
b. E-MAIL dsmith@cbccts.org	u.												
c. TITLE CEO d. DATE 01-DEC-2014	v.												
1 2 2 1 1 DEC 2014		1	1	I	1	1	1	1	1 1		1		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

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

2. REASON FOR SUBMISSION 1. REGISTRATION NUMBER (FDA Establishment Identifier) a. INITIAL REGISTRATION / LISTING VALIDATED BY FDA:14-APR-2015 b. ANNUAL REGISTRATION / LISTING DISTRICT: Dallas PRINTED BY FDA:22-JUN-2015 FEI: 3001238006

VALIDATION--FOR FDA USE ONLY

AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)						c. [2	_		IFORMAT	ION				
PART I - ESTABLISHMENT INFORMATION	PART II - PRO	ODUCT INFOR	MATIC	N							유명:	돌유1 12	B D R 13	
3. OTHER FDA REGISTRATIONS	10. ESTABLISHM	MENT FUNCTION	IS AND	TYPES	OF HC	T / Ps					R CR	SECT	DES GOF HCI	
a. BLOOD FDA 2830 NO.					Est	ablishn	nent Fu	nctions			/Ps 71.10	L ATE	E SEE	14. PROPRIETARY NAME(S)
b. DEVICES FDA 2891 NO	Types of H	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													3	
 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			
328 South Adams Street Fort Worth, Texas 76104	c. Cornea													
	d. Dura Mater													
a. PHONE 817-332-1898 EXT	e. Embryo	SIP Directed Anonymous												
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia		X	X			X	X		X	X			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve		X	X							X			
	h. Ligament		X	X			X	X		X	X			
MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)	i. Oocyte	SIP Directed Anonymous												
Community Blood Center dba Community Tissue Services Attn: David M. Smith, MD	j. Pericardium		X	X			X	X		X	X			
349 S. Main Street Dayton, Ohio 45402-2715	Blood Stem	Autologous Family Related Allogeneic												
	I. Sclera													
a. PHONE 937-461-3450 EXT 3610 7. ENTER CORRECTIONS TO ITEM 6		SIP Directed Anonymous												
b. PHONE	n. Skin		X	X			X	X		X	X			
	Therapy	Autologous Family Related Allogeneic												
8. U.S. AGENT	p. Tendon		X	X			X	X		X	X			
	Cord Blood	Autologous Family Related Allogeneic												
a. E-MAIL	r. Vascular Graft		X	X							X			
9. REPORTING OFFICIAL'S SIGNATURE	s. Parathyroid							X		X	X			
a. TYPED NAME David M. Smith, MD	t. Peritoneal Memb	orane	X	X			X	X		X	X			
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 13-APR-2015	v.													

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULA AND TISSUE BASED BRODUCTS (HCT/Ps)

1. REGISTRATION NUMBER (FDA Establishment Identifier)	
FEI: 3001238006	

2. REAS	SON FOR SUBMISSIO	N
a. 🗌	INITIAL REGISTRATI	ON / LISTING
b. X	ANNUAL REGISTRAT	TON / LISTING
с. 🗌	CHANGE IN INFORM	ATION

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

(See reverse side for instructions)	I/PS)							d. INACTIVE						
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION 모묘근 독교하 등등교교													
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps													
a. BLOOD FDA 2830 NO.			1	Establishment Functions							L A A A	SICA ATE	14. PROPRIETARY NAME(S)	
b. DEVICES FDA 2891 NO.	Types of HCT / Ps		Recover	Screen	Test	Package	Process Store	Label	bel 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	(0)	
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			
Community Blood Center dba Community Tissue Services	b. Cartilage							X		X	X			
328 South Adams Street Fort Worth, Texas 76104	c. Cornea													
a. PHONE 817-332-1898 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			
	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, MD 349 S. 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	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	embrane						X		X	X			
a. TYPED NAME David M. Smith, MD	t.													
b. E-MAIL dsmith@cbccts.org	u.													
c. TITLE CEO d. DATE 16-NOV-2015	٧.													