



[FDA Home Page](#) | [Contact eHCTERS Technical Support](#) | [Log Out](#)

eHCTERS - Registration Information

Submitted Registration Information

This information has been submitted to the FDA
Please Remember Your Confirmation Number to Reference this registration submission
YOUR CONFIRMATION NUMBER IS: 61704

Please print this document and maintain as confirmation of your submission.
This application is no longer accessible using your pre-confirmation number.

FEI: 3024790917

Other FDA Registrations

- Blood
 Devices
 Drug

Reason for Submission

- Initial Registration/Listing
 Annual Registration/Listing
 Change in Information
 In-Activate Registration

Physical Location

Legal Name: Community Blood Center dba Solvita
Street Address: 18111 NE Sandy Blvd
City: Portland
State: Oregon
Postal Code: 97230
Country: UNITED STATES
Phone: 503-408-9394 ext.

Reporting Official Information

First Name: Christopher N.
Last Name: Graham MBA
Title: CEO
Phone: 937-461-3413 Ext.
E-Mail Address: pmalone@cbccts.org

Mailing Address of Reporting Official

Institution Name: Community Blood Center dba Solvita
Street Address: 349 South Main Street
City: Dayton
State: Ohio
Postal Code: 45402-2715
Country: UNITED STATES

HCT/P Listing Information

Types of HCT/Ps	HCT/Ps Described in 21 CFR 1271.10	Date of Discontinuance (mm/dd/yyyy)	Date of Resumption (mm/dd/yyyy)	Proprietary Names
Amniotic Membrane	X			
Blood Vessel	X			
Bone	X			
Cardiac Tissue - non-valved	X			
Cartilage	X			

Cornea				
Dura Mater				
Embryo				
Fascia	X			
Heart Valve	X			
HPC Apheresis				
HPC Cord Blood				
Ligament	X			
Nerve Tissue	X			
Oocyte				
Ovarian Tissue				
Pancreatic Islet Cells - autologous				
Parathyroid				
Pericardium	X			
Peripheral Blood Mononuclear Cells				
Peritoneal Membrane				
Sclera				
Semen				
Skin	X			
Tendon	X			
Testicular Tissue				
Tooth Pulp				
Umbilical Cord Tissue				

HCT/P Listing - Function Information

Types of HCT/Ps	Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute
Amniotic Membrane	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Blood Vessel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Bone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Cardiac Tissue - non-valved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Cartilage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Cornea								
Dura Mater								
Embryo								
Fascia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Heart Valve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
HPC Apheresis								
HPC Cord Blood								
Ligament	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Nerve Tissue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Oocyte								
Ovarian Tissue								
Pancreatic Islet Cells - autologous								
Parathyroid								
Pericardium	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Peripheral Blood Mononuclear Cells								
Peritoneal Membrane								
Sclera								
Semen								
Skin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Tendon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Testicular Tissue								
Tooth Pulp								
Umbilical Cord Tissue								

HCT/P Listing - Donor Information

Types of HCT/Ps	SIP	Directed	Anonymous	Autologous	Family Related
Embryo					
HPC Apheresis					
HPC Cord Blood					
Oocyte					
Peripheral Blood Mononuclear Cells					
Semen					

Additional Information

Proprietary Name - Maxxeus, Axogen, Cryolife/Artivion

DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOOD AND DRUG ADMINISTRATION
 ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS,
 TISSUES AND CELLULAR AND TISSUE-BASED PRODUCTS (eHCTERS)

eHCTERS v02.13.01
 Updated 11/20/2020

FDA information collection OMB Control number: 0910-0543
 Expiration Date: 08/31/2026

[Contact eHCTERS Technical Support](#) | [Help with filling out this form](#) | [Release Notes](#) | [Log Out](#)

[Contact CBER](#) | [Contact FDA](#) | [Privacy](#)
[FDA Home Page](#) | [Accessibility](#) | [HHS Home Page](#) | [Vulnerability Disclosure Policy](#)

FDA / Center for Biologics Evaluation and Research