	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: 3004521286				2. REASON FOR SUBMISSION a. INITIAL REGISTRATION / LISTING						VALIDATIONFOR FDA USE ONLY 1 VALIDATED BY FDA:06-DEC-2016			
							b. X ANNUAL REGISTRATION / LIST					DISTRICT: New Jersey				
												PRINTED BY FDA:15-DEC-2016				
(See reverse side for instructions)	,					d. [INAC	TIVE						1		
PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION 유명한 통공장한 동물공장한															
3. OTHER FDA REGISTRATIONS	PART II - PRODUCT INFORMATION GREATION GREATION GREATION CREATION TIL: BURGELATER 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps CREATING TO THE COLLEGE AND TYPES OF HCT / Ps TO THE COLLEGE AND TYPES OF HCT / PS TO THE COLLEGE AND TYPES OF HCT / PS TO THE COLLEGE AND TYPES OF HCT / PS TO THE COLLEGE AND TYPES OF HCT / PS TO THE COLLEGE AND TYPES OF HCT / PS TO THE COLLEGE AND TYPES OF HCT / PS TO THE COLLEGE AND TYPES OF HCT / PS TO THE COLLEGE AND TYPES OF HCT / PS <t< td=""><td>14. PROPRIETARY</td></t<>											14. PROPRIETARY				
a. BLOOD FDA 2830 NO	Types of HCT / Ps				La						- 38°			NAME(S)		
b. DEVICES FDA 2891 NO	Types of HCT / Ps		Recover	Screen	Test	Package	Process	Store	Label	Distribute	121	12. HCT/Ps REGULATED AS MEDICAL DEVICES	AS			
c. DRUG FDA 2656 NO													ы К			
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a. Bone															
HLA Registry	b. Cartilage															
102 Chestnut Ridge Road Montvale, New Jersey 07645	c. Cornea															
	d. Dura Mater															
a. PHONE 201-444-3900 EXT	e. Embryo	SIP Directed Anonymous														
b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	f. Fascia	·														
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve															
	h. Ligament															
 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														
Blood Systems, Inc. Attn: Gina Ramirez	j. Pericardium															
6210 East Oak Street P.O.Box 1867	k. Peripheral Blood Stem	X Autologous X Family Related X Allogeneic		X					X		x		X			
Scottsdale, Arizona 85252-1867	I. Sclera															
a. PHONE 303-363-2221 EXT		SIP Directed Anonymous														
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin															
	Therapy	Autologous Family Related														
8. U.S. AGENT	p. Tendon															
	Cord Blood	Autologous Family Related Allogeneic														
a. E-MAIL	r. Vascular Graft															
9. REPORTING OFFICIAL'S SIGNATURE	s. Therapeutic Cell	ls		X					X				X			
a. TYPED NAME Gina Ramirez	t.															
b. E-MAIL gramirez@bloodsystems.org	u.															
c. TITLE Regulatory Manager d. DATE 05-DEC-2016	٧.															
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FORM FDA - 3356 (5/14)