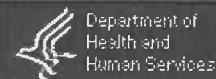




U.S. Food and Drug Administration



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eHCTERS - Registration Information

Submitted Registration Information

This information has been submitted to the FDA
Please Remember Your Confirmation Number to Reference this FORM FDA - 3356 Submission

YOUR CONFIRMATION NUMBER IS: 39355

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This application is no longer accessible using your pre-confirmation number.

FEI: 3004125624

Other FDA Registrations

- Blood FDA 2830
 Devices FDA 2891
 Drug FDA 2656

Reason for Submission

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

Physical Location

Legal Name: DCI Donor Services dba Tennessee Donor Services (Nashville)
Street Address: 1600 Hayes Street, Suite 300
City: Nashville
State: Tennessee
Postal Code: 37203
Country: United States
Phone: 615-564-3600 ext.

Reporting Official Information

First Name: Monika
Last Name: Liggins
Title: Manager of Quality and Compliance
Phone: 615-564-3638 Ext.
E-Mail Address: mliggens@dcids.org

Mailing Address of Reporting Official

Institution Name: Tennessee Donor Services
Street Address: 1600 Hayes Street
Suite 300
City: Nashville
State: Tennessee
Postal Code: 37203
Country: United States

HCT/P Listing Information

Types of HCT/P's	HCT/P's Described in 21 CFR 1271.10	HCT/P's Regulated as Medical Devices	HCT/P's Regulated as Drugs or	Proprietary Names

				Biological Drugs
a. Bone	X			
b. Cartilage	X			
c. Cornea	X			
d. Dura Mater				
e. Embryo				
f. Fascia	X			
g. Heart Valve	X			
h. Ligament	X			
i. Oocyte				
j. Pericardium	X			
k. Peripheral Blood Stem Cells				
l. Sclera	X			
m. Semen				
n. Skin	X			
o. Somatic Cell Therapy Products				
p. Tendon	X			
q. Umbilical Cord Blood Stem Cells				
r. Vascular Graft	X			
s. Nerve Tissue	X			

HCT/P Listing - Function Information

	Types of HCT/P's	Recover	Screen	Test	Package	Process	Store	Label	Distribute
a. Bone			<input checked="" type="checkbox"/>						
b. Cartilage			<input checked="" type="checkbox"/>						
c. Cornea			<input checked="" type="checkbox"/>						
d. Dura Mater									
e. Embryo									
f. Fascia			<input checked="" type="checkbox"/>						
g. Heart Valve			<input checked="" type="checkbox"/>						
h. Ligament			<input checked="" type="checkbox"/>						
i. Oocyte									
j. Pericardium			<input checked="" type="checkbox"/>						
k. Peripheral Blood Stem Cells									
l. Sclera			<input checked="" type="checkbox"/>						
m. Semen									
n. Skin			<input checked="" type="checkbox"/>						
o. Somatic Cell Therapy Products									
p. Tendon			<input checked="" type="checkbox"/>						
q. Umbilical Cord Blood Stem Cells									
r. Vascular Graft			<input checked="" type="checkbox"/>						
s. Nerve Tissue			<input checked="" type="checkbox"/>						

HCT/P Listing - Donor Information

	Types of HCT/P's	SIP	Directed	Anonymous	Autologous	Family Related	Allogeneic
e. Embryo							
i. Oocyte							
k. Peripheral Blood Stem Cells							
m. Semen							
o. Somatic Cell Therapy Products							
q. Umbilical Cord Blood Stem Cells							

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 v02.08.00
Updated 06/27/2014

FORM FDA - 3356 (7/17) FORM APPROVED:OMB No.0910-0543
Expiration Date: 6/30/2020

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