

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,                  AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)</b> (See reverse side for instructions)	<b>1. REGISTRATION NUMBER</b> (FDA Establishment Identifier)  FEI: 3009826876	<b>2. REASON FOR SUBMISSION</b> a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	<b>VALIDATION--FOR FDA USE ONLY</b> VALIDATED BY FDA:01-DEC-2017 DISTRICT: New Orleans PRINTED BY FDA:27-JAN-2018
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION	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	14. PROPRIETARY NAME(S)																					
<b>3. OTHER FDA REGISTRATIONS</b> a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	<b>10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:30%;">Types of HCT / Ps</th> <th colspan="8" style="text-align: center;">Establishment Functions</th> <th rowspan="2">11. HCT/Ps DESCRIBED IN 21 CFR 1271.10</th> <th rowspan="2">12. HCT/Ps REGULATED AS MEDICAL DEVICES</th> <th rowspan="2">13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS</th> <th rowspan="2">14. PROPRIETARY NAME(S)</th> </tr> <tr> <th>Recover</th> <th>Screen</th> <th>Test</th> <th>Package</th> <th>Process</th> <th>Store</th> <th>Label</th> <th>Distribute</th> </tr> </thead> </table>					Types of HCT / Ps	Establishment Functions								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	14. PROPRIETARY NAME(S)	Recover	Screen	Test	Package	Process	Store	Label	Distribute
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<b>4. PHYSICAL LOCATION</b> (Include legal name, number and street, city, state, country, and post office code) DCI Donor Services dba Tennessee Donor Services (Nashville)  1900 Patterson Street Nashville, Tennessee 37203  a. PHONE 615-564-3600 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone <input checked="" type="checkbox"/> Recover b. Cartilage <input checked="" type="checkbox"/> Recover c. Cornea <input checked="" type="checkbox"/> Recover <input checked="" type="checkbox"/> Package <input checked="" type="checkbox"/> Process <input checked="" type="checkbox"/> Store <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Distribute d. Dura Mater e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous f. Fascia <input checked="" type="checkbox"/> Recover g. Heart Valve <input checked="" type="checkbox"/> Recover h. Ligament <input checked="" type="checkbox"/> Recover i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous j. Pericardium <input checked="" type="checkbox"/> Recover k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic l. Sclera <input checked="" type="checkbox"/> Recover <input checked="" type="checkbox"/> Package <input checked="" type="checkbox"/> Process <input checked="" type="checkbox"/> Store <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Distribute m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous n. Skin <input checked="" type="checkbox"/> Recover <input checked="" type="checkbox"/> Store o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic p. Tendon <input checked="" type="checkbox"/> Recover q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic r. Vascular Graft <input checked="" type="checkbox"/> Recover s. Nerve Tissue <input checked="" type="checkbox"/> Recover																									
<b>5. ENTER CORRECTIONS TO ITEM 4</b>																										
<b>6. MAILING ADDRESS OF REPORTING OFFICIAL</b> (Include institution name if applicable, number and street, city, state, country, and post office code) DCI Donor Services dba Tennessee Donor Services (Nashville) Attn: Monika Liggins 1600 Hayes Street Suite 300 Nashville, Tennessee 37203  a. PHONE 615-564-3638 EXT _____																										
<b>7. ENTER CORRECTIONS TO ITEM 6</b>																										
<b>8. U.S. AGENT</b>  a. E-MAIL _____																										
<b>9. REPORTING OFFICIAL'S SIGNATURE</b>  a. TYPED NAME Monika Liggins b. E-MAIL mliggens@dcids.org c. TITLE Manager of Quality and Compliance d. DATE 30-NOV-2017																										