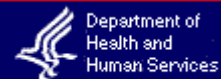


**U.S. Food and Drug Administration****CENTER FOR BIOLOGICS EVALUATION AND RESEARCH**[FDA Home Page](#) | [Contact eHCTERS Technical Support](#) | [Log Out](#)**eHCTERS - Registration Information****Submitted Registration Information**

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FEI: 3003387665

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 (Tri-Cities)
 Street Address: 140 Old Gray Station Road
 Suite 300 &400
 City: Gray
 State: Tennessee
 Postal Code: 37615
 Country: United States
 Phone: 423-915-0808 ext.

Reporting Official Information

First Name: Jaree F.
 Last Name: Knopp
 Title: Manager of Quality and Compliance
 Phone: 615-564-3660 Ext.
 E-Mail Address: jknopp@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 Biological Drugs | Proprietary Names |
|----|------------------|-------------------------------------|--------------------------------------|--|-------------------|
| 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"/> | <input checked="" type="checkbox"/> | | | | | | |
| b. | Cartilage | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| c. | Cornea | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| d. | Dura Mater | | | | | | | | |
| e. | Embryo | | | | | | | | |
| f. | Fascia | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| g. | Heart Valve | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| h. | Ligament | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| i. | Oocyte | | | | | | | | |
| j. | Pericardium | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| k. | Peripheral Blood Stem Cells | | | | | | | | |
| l. | Sclera | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| m. | Semen | | | | | | | | |
| n. | Skin | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | |
| o. | Somatic Cell Therapy Products | | | | | | | | |
| p. | Tendon | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| q. | Umbilical Cord Blood Stem Cells | | | | | | | | |
| r. | Vascular Graft | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| s. | Nerve Tissue | <input checked="" type="checkbox"/> | <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 | | | | | | |

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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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