

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)**  
(See reverse side for instructions)

**1. REGISTRATION NUMBER**  
(Field Establishment Identifier)  
FEI: 0002476837

**2. REASON FOR SUBMISSION**  
a.  INITIAL REGISTRATION / LISTING  
b.  ANNUAL REGISTRATION / LISTING  
c.  CHANGE IN INFORMATION  
d.  INACTIVE

VALIDATION-FOR FDA USE ONLY  
VALIDATED BY FDA: 28-DEC-2010  
DISTRICT: New York  
PRINTED BY FDA: 05-JAN-2011

PART I - ESTABLISHMENT INFORMATION		PART II - PRODUCT INFORMATION										14. PROPRIETARY NAME(S)	
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps											
Types of HCT / Ps		Recover	Screen	Test	Package	Process	Store	Label	Distribute	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
a. BLOOD FDA 2830	NO. FEI: 0002476837	a. Bone											
b. DEVICES FDA 2891	NO.	b. Cartilage											
c. DRUG FDA 2656	NO.	c. Cornea											
4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)		d. Dura Mater											
New York Blood Center, Inc. - Cellular Therapy Laboratory 310 E 67th St. New York, New York 10065		e. Embryo											
a. PHONE 212-570-3151 EXT		f. Fascia											
b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT <input type="checkbox"/> MANUFACTURING ESTABLISHMENT FEI NO.		g. Heart Valve											
c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY		h. Ligament											
5. ENTER CORRECTIONS TO ITEM 4		i. Oocyte											
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)		j. Pericardium											
New York Blood Center, Inc. Attn: Edwin W. Streun 310 E 67th St. New York, New York 10065		k. Peripheral Blood Stem Cells	X	X	X	X	X	X	X	X	X	X	X
a. PHONE 212-570-3151 EXT		l. Sclera											
b. PHONE		m. Semen											
7. ENTER CORRECTIONS TO ITEM 6		n. Skin											
8. U.S. AGENT		o. Somatic Cell Therapy Products	X		X								
a. E-MAIL		p. Tendons											
9. REPORTING OFFICIAL'S SIGNATURE		q. Umbilical Cord Blood Stem Cells	X	X	X	X	X	X	X	X	X	X	X
a. TYPED NAME Edwin W. Streun		r. Vascular Graft											
b. E-MAIL estreun@nybloodcenter.org		s. Parathyroid		X									
c. TITLE Authorized Official & Dir., Reg. Affairs		t. Therapeutic Cells	X	X	X	X	X	X	X	X	X	X	X
d. DATE 15-DEC-2010		u.											
		v.											