

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 (HCTIPs)**  
(See reverse side for instructions)

**1. REGISTRATION NUMBER**  
(Field Establishment Identifier)  
**FEI: 3007802377**

**Z. 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					Establishment Functions					11. HCTIPs DESCRIBED IN 21 CFR 1271.12	12. HCTIPs REGULATED AS MEDICAL DEVICES	13. HCTIPs REGULATED AS DRUGS OR BIOLOGICAL DRUGS		
		Recover	Screen	Test	Package	Process	State	Label	Distribute							
a. BLOOD FDA 2830 NO. FEI: 0002473015		a. Bone														
b. DEVICES FDA 2881 NO.		b. Cartilage														
c. DRUG FDA 2656 NO.		c. Carnes														
4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)		d. Dura Mater														
New York Blood Center, Inc. 45-01 Vernon Blvd. Long Is City, New York 11101		e. Embryo	<input type="checkbox"/> SIP	<input type="checkbox"/> Directed	<input type="checkbox"/> Anonymous											
a. PHONE 718-752-4688 EXT		f. Fascia														
b. SATELLITE RECOVERY ESTABLISHMENT		g. Heart Valve														
c. MANUFACTURING ESTABLISHMENT FEI NO.		h. Ligament														
5. ENTER CORRECTIONS TO ITEM 4		i. Oocyte	<input type="checkbox"/> SIP	<input type="checkbox"/> Directed	<input type="checkbox"/> Anonymous											
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 East 67 Street New York, New York 10065		k. Peripheral Blood Stem Cells	<input type="checkbox"/> Autologous	<input type="checkbox"/> Family Related	<input type="checkbox"/> Allogeneic											
a. PHONE 212-570-3151 EXT		l. Sclera														
b. PHONE		m. Semen	<input type="checkbox"/> SIP	<input type="checkbox"/> Directed	<input type="checkbox"/> Anonymous											
7. ENTER CORRECTIONS TO ITEM 6		n. Skin														
8. U.S. AGENT		o. Somatic Cell Therapy Products	<input type="checkbox"/> Autologous	<input type="checkbox"/> Family Related	<input type="checkbox"/> Allogeneic											
9. REPORTING OFFICIAL'S SIGNATURE		p. Tendon														
Edwin W. Streun		q. Urinary Cord Blood Stem Cells	<input checked="" type="checkbox"/> Autologous	<input checked="" type="checkbox"/> Family Related	<input checked="" type="checkbox"/> Allogeneic	X	X	X	X	X	X	X	X	X	X	X
Director, Regulatory Affairs		r. Vascular Graft														
4. DATE 15-DEC-2010		s.														
		t.														
		u.														
		v.														