

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 (FDA Establishment Identifier) FEI: 0002476837	2. REASON FOR SUBMISSION 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	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:30-NOV-2017 DISTRICT: New York PRINTED BY FDA:27-JAN-2018
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION															14. PROPRIETARY NAME(S)
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps										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			
	Establishment Functions															
	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute							
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) New York Blood Center, Inc. 310 E 67th St. New York, New York 10065 a. PHONE 212-570-3011 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone															
	b. Cartilage															
	c. Cornea															
	d. Dura Mater															
	e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous															
	f. Fascia															
	g. Heart Valve															
	h. Ligament															
	i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous															
	j. Pericardium															
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) New York Blood Center, Inc. Attn: Christine Driscoll 1200 Prospect Avenue Westbury, New York 11590 a. PHONE 516-478-5264 EXT _____ b. PHONE _____	k. Peripheral Blood Stem <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		
	l. Sclera															
	m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous															
	n. Skin															
	o. Somatic Cell Therapy Products <input checked="" type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic	X				X	X	X	X	X				X		
	p. Tendon															
	q. Umbilical Cord Blood <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic				X	X	X	X	X		X					
	r. Vascular Graft															
	s. Parathyroid				X	X	X	X	X	X	X					
	t. Therapeutic Cells	X			X	X	X	X	X	X						
u.																
v.																