See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 8/31/10

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: 3005458597

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

VALIDATION--FOR FDA USE ONLY 1
VALIDATED BY FDA:07-DEC-2009
DISTRICT: Florida
PRINTED BY FDA:18-DEC-2009

PART I - ESTABLISHMENT INFORMATION

3. OTHER FDA REGISTRATIONS
a. BLOOD FDA 2830 NO. _____
b. DEVICES FDA 2891 NO. _____
c. DRUG FDA 2656 NO. _____

4. PHYSICAL LOCATION *(Include legal name, number and street, city, state, country, and post office code)*
Southeast Tissue Alliance, Inc.
7820 38th Avenue North
St. Petersburg, Florida 33710

a. PHONE 727-381-1320 EXT
b. ☐ SATELLITE RECOVERY ESTABLISHMENT
(MANUFACTURING ESTABLISHMENT FEI NO._____
c. ☐ TESTING FOR MICRO-ORGANISMS ONLY

5. ENTER CORRECTIONS TO ITEM 4

6. MAILING ADDRESS OF REPORTING OFFICIAL *(Include institution name if applicable, number and street, city, state, country, and post office code)*
Southeast Tissue Alliance, Inc.
Attn: Elizabeth A. Crews, MT(ASCP), CTBS
6241 NW 23rd St.
Suite 400
Gainesville, Florida 32653

a. PHONE 352-416-6618 EXT

7. ENTER CORRECTIONS TO ITEM 6 b. PHONE

8. U.S. AGENT

a. E-MAIL

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME Elizabeth A. Crews, MT(ASCP), CTBS
b. E-MAIL ecrews@donorcare.org
c. TITLE Quality Assurance Manager d. DATE 04-DEC-2009

PART II - PRODUCT INFORMATION

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

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				
a. Bone	X					X	X		X			
b. Cartilage	X					X	X		X			
c. Cornea												
d. Dura Mater												
e. Embryo ☐ SIP ☐ Directed ☐ Anonymous												
f. Fascia	X					X	X		X			
g. Heart Valve	X					X	X		X			
h. Ligament	X					X	X		X			
i. Oocyte ☐ SIP ☐ Directed ☐ Anonymous												
j. Pericardium	X					X	X		X			
k. Peripheral Blood Stem ☐ Autologous ☐ Family Related ☐ Allogeneic												
l. Sclera												
m. Semen ☐ SIP ☐ Directed ☐ Anonymous												
n. Skin	X					X	X		X			
o. Somatic Cell Therapy Products ☐ Autologous ☐ Family Related ☐ Allogeneic												
p. Tendon	X					X	X		X			
q. Umbilical Cord Blood Stem Cells ☐ Autologous ☐ Family Related ☐ Allogeneic												
r. Vascular Graft	X					X	X		X			
s. Nerve Tissue	X					X	X		X			
t.												
u.												
v.												