

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,                  AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/PS)</b> <i>(See reverse side for instructions)</i>	<b>1. REGISTRATION NUMBER</b> (Field Establishment Identifier)  FEI: 3003567064	<b>2. REASON FOR SUBMISSION</b> a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input checked="" type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	<b>VALIDATION--FOR FDA USE ONLY</b> VALIDATED BY FDA:29-JUN-2010 DISTRICT: Florida PRINTED BY FDA:29-JUN-2010
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION	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)																																																																																																																																																																																																																																																																																																																																																																																																																																
<b>3. OTHER FDA REGISTRATIONS</b> a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	<b>10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:30%;">Types of HCT / Ps</th> <th colspan="8" style="text-align: center;">Establishment Functions</th> <th rowspan="2">11. HCT/PS DESCRIBED IN 21 CFR 1271.10</th> <th rowspan="2">12. HCT/PS REGULATED AS MEDICAL DEVICES</th> <th rowspan="2">13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS</th> <th rowspan="2">14. PROPRIETARY NAME(S)</th> </tr> <tr> <th>Recover</th> <th>Screen</th> <th>Test</th> <th>Package</th> <th>Process</th> <th>Store</th> <th>Label</th> <th>Distribute</th> </tr> </thead> </table>					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																																																																																																																																																																																																																																																																																																																																																																																																											
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<b>4. PHYSICAL LOCATION</b> <i>(Include legal name, number and street, city, state, country, and post office code)</i> Southeast Tissue Alliance, Inc. 1621 Physicians Drive Tallahassee, Florida 32308  a. PHONE 850-656-4960 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Bone</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. 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<b>6. MAILING ADDRESS OF REPORTING OFFICIAL</b> <i>(Include institution name if applicable, number and street, city, state, country, and post office code)</i> 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 _____																																																																																																																																																																																																																																																																																																																																																																																																																																					
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