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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS,<br>TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS<br>DESCRIBED IN 21 CFR 1271.10 | FEI: 3003562207 | <b>Other FDA Registrations:</b><br>Blood:<br>Devices:<br>Drugs: | Reason For Last Submission: Annual Registration/Listing<br>Last Annual Registration Year: 2020<br>Last Registration Receipt Date: 11/25/2019<br>Summary Report Print Date: 12/10/2019 |
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| <b>Legal Name and Location:</b><br>Advancing Sight Network Southwest Regional Office<br>3929 Airport Blvd<br>Suite 2-403<br><br>Mobile, Alabama 36608<br>USA<br>Phone: 205-942-2120      Ext.: 8334 | <b>Reporting Official:</b><br>Elizabeth R Elliott, Vice President Regulation and Compliance<br>500 robert jernison road<br>birmingham, Alabama 35209<br>USA<br>Phone: 205-317-2009 Ext.<br>eellett@advancingsight.org | <b>Satellite Recovery Establishment:</b> Yes<br><b>Parent Manufacturing Establishment FEI No.:</b> 3001236642<br><b>Testing For Micro-Organisms Only:</b> No<br><br>Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)). |
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| HCT/P(s)                            | Donor Type(s) | Establishment Functions |        |               |         |         |       |       | Date of Discontinuance | Date of Resumption | Proprietary Name(s) |
|-------------------------------------|---------------|-------------------------|--------|---------------|---------|---------|-------|-------|------------------------|--------------------|---------------------|
|                                     |               | Recover                 | Screen | Donor Testing | Package | Process | Store | Label |                        |                    |                     |
| Amniotic Membrane                   |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Blood Vessel                        |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Bone                                |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Cardiac Tissue - non-valved         |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Cartilage                           |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Cornea                              |               | X                       | X      |               | X       |         | X     | X     |                        |                    |                     |
| Dura Mater                          |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Embryo                              |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Fascia                              |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Heart Valve                         |               |                         |        |               |         |         |       |       |                        |                    |                     |
| HPC Apheresis                       |               |                         |        |               |         |         |       |       |                        |                    |                     |
| HPC Cord Blood                      |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Ligament                            |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Nerve Tissue                        |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Oocyte                              |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Ovarian Tissue                      |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Pancreatic Islet Cells - autologous |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Parathyroid                         |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Pericardium                         |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Peripheral Blood Mononuclear Cells  |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Peritoneal Membrane                 |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Sclera                              |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Semen                               |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Skin                                |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Tendon                              |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Testicular Tissue                   |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Tooth Pulp                          |               |                         |        |               |         |         |       |       |                        |                    |                     |
| Umbilical Cord Tissue               |               |                         |        |               |         |         |       |       |                        |                    |                     |

FEI: 3003562207

FDA information collection OMB Control number: 0910-0543, expiration date: 6/30/2020

Legal Name:

Advancing Sight Network Southwest Regional Office