

VALIDATION--FOR FDA USE ONLY
 VALIDATED BY FDA:22-DEC-2010
 DISTRICT: Dallas
 PRINTED BY FDA:05-JAN-2011

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

1. REGISTRATION NUMBER
 (Field Establishment Identifier)
 FEI: 3005033855

| PART I - ESTABLISHMENT INFORMATION | | PART II - PRODUCT INFORMATION | | | | | | 14. PROPRIETARY NAME(S) | | |
|---|--|---|--------|-------------------------|---------|---------|-------|-------------------------|------------|--|
| 3. OTHER FDA REGISTRATIONS | | 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps | | | | | | | | |
| 4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code) | | Types of HCT / Ps | | Establishment Functions | | | | | | |
| 5. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and post office code) | | Recover | Screen | Test | Package | Process | Store | Label | Distribute | |
| a. BLOOD FDA 2630 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2856 NO. _____ | | | | | | | | | | |
| a. Bone b. Cartilage c. Cornea d. Dura Mater e. Embryo f. Fascia g. Heart Valve h. Ligament i. Oocyte j. Pericardium k. Peripheral Blood Stem Cells l. Sclera m. Semen n. Skin o. Somatic Cell Therapy Products p. Tendon q. Umbilical Cord Blood Stem Cells r. Vascular Graft s. Testicular Tissue t. u. v. | | | | | | | | | | |
| a. PHONE 512-206-0408 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY | | | | | | | | | | |
| a. PHONE 800-338-8407 EXT _____ b. PHONE _____ | | | | | | | | | | |
| a. E-MAIL _____ b. E-MAIL _____ | | | | | | | | | | |
| a. TYPED NAME Megan Taylor b. E-MAIL mtaylor@givf.com c. TITLE Document Administrator d. DATE 05-DEC-2010 | | | | | | | | | | |