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: 3005287828

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:22-DEC-2010
DISTRICT: Philadelphia
PRINTED BY FDA:05-JAN-2011

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)*
Fairfax Cryobank - Philadelphia
3401 Market Street
Suite 205
Philadelphia, Pennsylvania 19104

a. PHONE 215-386-1977 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)*
Fairfax Cryobank
Attn: Megan Taylor
3015 Williams Drive
Suite 110
Fairfax, Virginia 22031

a. PHONE 800-338-8407 EXT

7. ENTER CORRECTIONS TO ITEM 6 b. PHONE

8. U.S. AGENT

a. E-MAIL

9. REPORTING OFFICIAL'S SIGNATURE
Megan Taylor
a. TYPED NAME Megan Taylor
b. E-MAIL mtaylor@givf.com
c. TITLE Document Administrator d. DATE 05-DEC-2010

PART II - PRODUCT INFORMATION

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

Types of HCT / Ps	Establishment Functions: Recover	Screen	Test	Package	Process	Store	Label	Distribute	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)
a. Bone												
b. Cartilage												
c. Cornea												
d. Dura Mater												
e. Embryo ☒ SIP ☒ Directed ☒ Anonymous						X	X	X	X			
f. Fascia												
g. Heart Valve												
h. Ligament												
i. Oocyte ☒ SIP ☒ Directed ☒ Anonymous						X	X	X	X			
j. Pericardium												
k. Peripheral Blood Stem Cells ☐ Autologous ☐ Family Related ☐ Allogeneic												
l. Sclera												
m. Semen ☒ SIP ☒ Directed ☒ Anonymous	X	X		X	X	X	X	X	X			
n. Skin												
o. Somatic Cell Therapy Products ☐ Autologous ☐ Family Related ☐ Allogeneic												
p. Tendon												
q. Umbilical Cord Blood Stem Cells ☐ Autologous ☐ Family Related ☐ Allogeneic												
r. Vascular Graft												
s. Testicular Tissue						X	X	X	X			
t.												
u.												
v.												