


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: 3005342355

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

**VALIDATION—FOR FDA USE ONLY**  
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 VALIDATED BY FDA:29-NOV-2011  
 DISTRICT: Los Angeles  
 PRINTED BY FDA:02-DEC-2011

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)										
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps										Recover	Screen	Test	Package	Process	Store	Label	Distribute								
		Establishment Functions																									
		Types of HCT / Ps																									
a. BLOOD FDA 2830 NO. _____		a. Bone																									
b. DEVICES FDA 2891 NO. _____		b. Cartilage																									
c. DRUG FDA 2656 NO. _____		c. Cornea																									
		d. Dura Mater																									
a. PHONE 310-443-5244 EXT 1172		e. Embryo <input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous															X		X	X							
b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____)		f. Fascia																									
c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY		g. Heart Valve																									
5. ENTER CORRECTIONS TO ITEM 4		h. Ligament																									
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) California Cryobank, Inc. Attn: Rama Tyagi 11915 La Grange Avenue Los Angeles, California 90025-5213		i. Oocyte <input checked="" type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous															X		X	X							
		j. Pericardium																									
		k. Peripheral Blood Stem Cells <input checked="" type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												X		X	X	X	X	X							
		l. Sclera																									
a. PHONE 310-443-5244 EXT 1172		m. Semen <input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous										X	X		X	X	X	X	X	X							
7. ENTER CORRECTIONS TO ITEM 6		n. Skin																									
		o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic																									
8. U.S. AGENT		p. Tendon																									
		q. Umbilical Cord Blood Stem Cells <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												X		X	X	X	X	X							
		r. Vascular Graft																									
a. E-MAIL		s. Umbilical Cord												X		X	X	X	X	X							
9. REPORTING OFFICIAL'S SIGNATURE 		t.																									
a. TYPED NAME Rama Tyagi		u.																									
b. E-MAIL rtyagi@cryobank.com		v.																									
c. TITLE Director, Quality/Regulatory Affairs		d. DATE 28-NOV-2011																									