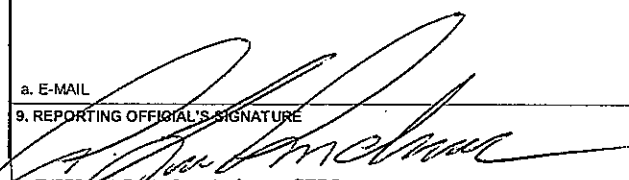


DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) <i>(See reverse side for instructions)</i>		1. REGISTRATION NUMBER (Field Establishment Identifier) FEI: 3003279883	2. REASON FOR SUBMISSION a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY 1 VALIDATED BY FDA: 17-NOV-2009 DISTRICT: Dallas PRINTED BY FDA: 02-DEC-2009							
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 a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps									
4. PHYSICAL LOCATION <i>(Include legal name, number and street, city, state, country, and post office code)</i> Alamo Tissue Service 5844 Rocky Point San Antonio, Texas 78249 a. PHONE 210-738-2663 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY		<i>Types of HCT / Ps</i>	<i>Establishment Functions</i>								
5. ENTER CORRECTIONS TO ITEM 4		Recover	Screen	Test	Package	Process	Store	Label	Distribute		
6. MAILING ADDRESS OF REPORTING OFFICIAL <i>(Include institution name if applicable, number and street, city, state, country, and post office code)</i> Alamo Tissue Service Attn: A. Lee Andrews, CTBS P O Box 5518 San Antonio, Texas 78201-0518 a. PHONE 210-738-2663 EXT _____		a. Bone		X				X	X	X	X
7. ENTER CORRECTIONS TO ITEM 6		b. Cartilage		X			X	X	X		
b. PHONE _____		c. Cornea									
8. U.S. AGENT		d. Dura Mater					X	X	X		
a. E-MAIL _____		e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous									
9. REPORTING OFFICIAL'S SIGNATURE  a. TYPED NAME/ A. Lee Andrews, CTBS b. E-MAIL alamoissue@sbcglobal.net c. TITLE CEO d. DATE 16-NOV-2009		f. Fascia		X			X	X	X		
		g. Heart Valve									
		h. Ligament		X			X	X	X		
		i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous									
		j. Pericardium		X			X	X	X		
		k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic									
		l. Sclera									
		m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous									
		n. Skin					X	X	X		
		o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic									
		p. Tendon		X			X	X	X		
		q. Umbilical Cord Blood Stem Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic									
		r. Vascular Graft					X	X	X		
		s.									
		t.									
		u.									
		v.									