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: 3003562207

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:28-DEC-2010
DISTRICT: New Orleans
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)*
Alabama Eye Bank Southwest Regional Office
1504 Springhill Avenue, Suite 0844
Mobile, Alabama 36604

a. PHONE 251-432-0355 EXT
b. ☒ SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. 3001236642
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)*
Alabama Eye Bank Central Office
Attn: John Fisher, CEBT/CTBS
500 Robert Jemison Road
Birmingham, Alabama 35209

a. PHONE 800-423-7811 EXT 310

7. ENTER CORRECTIONS TO ITEM 6 b. PHONE

8. U.S. AGENT

a. E-MAIL

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME John Fisher, CEBT/CTBS
b. E-MAIL jfisher@alabamaeyebank.org
c. TITLE Vice President of Operations and Regulat d. DATE 10-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	X			X		X			X			
d. Dura Mater												
e. Embryo ☐ SIP ☐ Directed ☐ Anonymous												
f. Fascia												
g. Heart Valve												
h. Ligament												
i. Oocyte ☐ SIP ☐ Directed ☐ Anonymous												
j. Pericardium												
k. Peripheral Blood Stem Cells ☐ Autologous ☐ Family Related ☐ Allogeneic												
l. Sclera												
m. Semen ☐ SIP ☐ Directed ☐ Anonymous												
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.												
t.												
u.												
v.												

FORM FDA 3356 (4/08)