

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 (FDA Establishment Identifier) FEI: 3000718320	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 VALIDATED BY FDA:19-NOV-2016 DISTRICT: Detroit PRINTED BY FDA:15-DEC-2016
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION																																																																																																																																																																																																																																																																																														
3. OTHER FDA REGISTRATIONS a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width:40%;">10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps</th> <th colspan="9">Establishment Functions</th> <th rowspan="2" style="width:5%;">11. HCT/Ps DESCRIBED IN 21 OFK 12/1/10</th> <th rowspan="2" style="width:5%;">12. HCT/Ps REGULATED AS MEDICAL DEVICES</th> <th rowspan="2" style="width:5%;">13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS</th> <th rowspan="2" style="width:15%;">14. PROPRIETARY NAME(S)</th> </tr> <tr> <th>Recover</th> <th>Screen</th> <th>Test</th> <th>Package</th> <th>Process</th> <th>Store</th> <th>Label</th> <th>Distribute</th> </tr> <tr> <td style="vertical-align: top;"> 4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Indiana Lions Eye Bank 727 E. 86th Street Indianapolis, Indiana 46240 a. 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