**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)
Eversight Ohio
6700 Euclid Ave., Suite 101
Cleveland, Ohio  44103

**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)
Eversight
Attn: Kevin W. Ross, MPH
4889 Venture Dr.  
Ann Arbor, Michigan  48108

**7. ENTER CORRECTIONS TO ITEM 6**

**8. U.S. AGENT**
- a. PHONE 216-706-4220  EXT
- b. PHONE
- c. PHONE 734-780-2100  EXT

**9. REPORTING OFFICIAL’S SIGNATURE**
- a. TYPED NAME  Kevin W. Ross, MPH
- b. E-MAIL  kwross@eversightvision.org
- c. TITLE  President/CEO
- d. DATE  28-NOV-2016

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**PART II - PRODUCT INFORMATION**

**10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps**

<table>
<thead>
<tr>
<th>Types of HCT / Ps</th>
<th>Establishment Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recover</td>
<td>Screen</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**11. HCT/Ps DESCRIBED IN 21 CFR 1271.10**

- a. Bone
- b. Cartilage
- c. Cornea
- d. Dura Mater
- e. Embryo
- f. Fascia
- g. Heart Valve
- h. Ligament
- i. Oocyte
- j. Pericardium
- k. Peripheral Blood Stem
  - Autologous
  - Family Related
  - Allogeneic
- l. Sclera
- m. Semen
- n. Skin
- o. Somatic Cell Therapy Products
  - Autologous
  - Family Related
  - Allogeneic
- p. Tendon
- q. Umbilical Cord Blood
  - Autologous
  - Family Related
  - Allogeneic
- r. Vascular Graft

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**14. PROPRIETARY NAME(S)**

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**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)