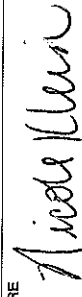


DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/PS)
(See reverse side for instructions)

1. REGISTRATION NUMBER (FDA Establishment Identifier)
FEI: 3000718790

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

VALIDATION--FOR FDA USE ONLY
VALIDATED BY FDA:16-NOV-2016
DISTRICT: Cincinnati
PRINTED BY FDA:15-DEC-2016

PART I - ESTABLISHMENT INFORMATION		PART II - PRODUCT INFORMATION							14. PROPRIETARY NAME(S)									
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / PS							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			
		Establishment Functions																
		Types of HCT / Ps		Recover	Screen	Test	Package	Process	Store	Label	Distribute							
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)		Lions Eye Bank of West Central Ohio																
		3309 Office Park Drive Dayton, Ohio 45439																
		a. PHONE 937-396-1000 EXT																
		b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____)																
		c. <input type="checkbox"/> 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)		Lions Eye Bank of West Central Ohio																
		Attn: Nicole Klein																
		3309 Office Park Drive																
		Dayton, Ohio 45439																
7. ENTER CORRECTIONS TO ITEM 6		a. PHONE 937-396-1000 EXT																
		b. PHONE																
8. U.S. AGENT																		
9. REPORTING OFFICIAL'S SIGNATURE																		
		a. TYPED NAME Nicole Klein																
		b. E-MAIL nklein@lebwoonline.org																
		c. TITLE Quality Assurance Director																
		d. DATE 15-NOV-2016																

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ADDITIONAL INFORMATION:

Executive Director: Shannon Schweitzer
Medical Director: Dr. David Deminger
Technical Director: Andrew Officer

Proprietary Name(s):