

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: 3003153264	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:13-DEC-2016 DISTRICT: Kansas City PRINTED BY FDA:28-DEC-2016
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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 (Include legal name, number and street, city, state, country, and post office code) Saving Sight 404 Portland Street Columbia, Missouri 65201 a. PHONE 573-443-1471 EXT _____ b. <input checked="" type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. 3003347229) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	Establishment Functions												
	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute				
5. ENTER CORRECTIONS TO ITEM 4	a. Bone												
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) Saving Sight Attn: Antonio Bavuso, BS 3506 S Culpepper Suite D Springfield, Missouri 65804 a. PHONE 816-454-5454 EXT 104	b. Cartilage												
7. ENTER CORRECTIONS TO ITEM 6	c. Cornea	X	X				X	X		X			
8. U.S. AGENT a. E-MAIL _____	d. Dura Mater												
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Antonio Bavuso, BS b. E-MAIL tbavuso@saving-sight.org c. TITLE Executive Director d. DATE 12-DEC-2016	e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous												
	f. Fascia												
	g. Heart Valve												
	h. Ligament												
	i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous												
	j. Pericardium												
	k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
	l. Sclera	X	X				X	X		X			
	m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous												
	n. Skin												
	o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
	p. Tendon												
	q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
	r. Vascular Graft												
	s.												
	t.												
	u.												
	v.												

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4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Saving Sight 2 East 12th Ave Hutchinson, Kansas 67501 a. PHONE 620-259-7300 EXT _____ b. <input checked="" type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. 3009083358) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone b. Cartilage c. Cornea d. Dura Mater e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous f. Fascia g. Heart Valve h. Ligament i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous j. Pericardium 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 o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic p. Tendon q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic r. Vascular Graft																							
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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)	1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 3001238378	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:13-DEC-2016 DISTRICT: Kansas City PRINTED BY FDA:28-DEC-2016
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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	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps												
	Types of HCT / Ps	Establishment Functions											
		Recover	Screen	Test	Package	Process	Store	Label	Distribute				
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Saving Sight 3506 Culpepper Circle, Suite D Springfield, Missouri 65804 a. PHONE 417-882-1532 EXT _____ b. <input checked="" type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. 3003347229) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone												
	b. Cartilage												
	c. Cornea	X	X				X	X		X			
	d. Dura Mater												
	e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous												
	f. Fascia												
	g. Heart Valve												
	h. Ligament												
	i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous												
	j. Pericardium												
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) Saving Sight Attn: Antonio J. Bavuso, BS 3506 S Culpepper Suite D Springfield, Missouri 65804 a. PHONE 816-454-5454 EXT 104	k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
	l. Sclera	X	X				X	X		X			
	m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous												
	n. Skin												
	o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
	p. Tendon												
	q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
	r. Vascular Graft												
	s.												
	t.												
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Antonio J. Bavuso, BS b. E-MAIL tbavuso@saving-sight.org c. TITLE Executive Director d. DATE 12-DEC-2016	u.												
	v.												

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: 3002423143	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:13-DEC-2016 DISTRICT: Kansas City PRINTED BY FDA:28-DEC-2016
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4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Saving Sight 10801 Pear Tree Lane Suite 170 St. Louis, Missouri 63074 a. PHONE 314-428-4373 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Bone</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b. Cartilage</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>c. Cornea</td><td>X</td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td></td><td>X</td><td></td><td></td><td></td></tr> <tr><td>d. 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