### 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)

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### PART I - ESTABLISHMENT INFORMATION

1. **REGISTRATION NUMBER**
   
   (FDA Establishment Identifier)

   FEI: 3003347229

2. **REASON FOR SUBMISSION**

   a. INITIAL REGISTRATION / LISTING
   b. ANNUAL REGISTRATION / LISTING
   c. CHANGE IN INFORMATION
   d. INACTIVE

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### PART II - PRODUCT INFORMATION

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

   **Types of HCT / Ps**
   - Recover
   - Screen
   - Test
   - Package
   - Process
   - Store
   - Label
   - Distribute

   **Establishment Functions**
   - 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
   - l. Sclera
   - m. Semen
   - n. Skin
   - o. Somatic Cell Therapy Products
   - p. Tendon
   - q. Umbilical Cord Blood
   - r. Vascular Graft

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

3. **HCT/Ps REGULATED AS MEDICAL DEVICES**

4. **HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS**

5. **14. PROPRIETARY NAME(S)**

---

### SAVING SIGHT

**Attn:** Antonio Bavuso, BS

10100 N Ambassador Drive

Suite 200

Kansas City, Missouri  64153

**a. PHONE**  816-454-5454  
**b. PHONE EXT**  104

---

### 10100 N. Ambassador Drive

**Suite 200**

**Kansas City, Missouri  64153**

**Phone:** 816-454-5454  
**Fax:** 816-454-5454  
**E-mail:** qa@saving-sight.org

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**Executive Director**

**DATE:** 16-NOV-2017

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**FORM FDA - 3356 (7/17)**
### 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)
- Saving Sight
- 500 Northwest Plaza Drive
- Suite 416
- St. Ann, Missouri 63074

- a. PHONE 314-428-4373 EXT
- b. SATCHEL RECOVERY ESTABLISHMENT
- c. MANUFACTURING ESTABLISHMENT FEI NO.
- d. 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)
- Saving Sight
- Attn: Antonio J. Bavuso, BS
- 10100 N. Ambassador Drive
- Suite 200
- Kansas City, Missouri 64153

- a. PHONE 8164545454 EXT 104

#### 7. ENTER CORRECTIONS TO ITEM 6

#### 8. U.S. AGENT

- a. E-MAIL qa@saving-sight.org
- b. PHONE
- c. TITLE Executive Director
- d. DATE 16-NOV-2017

### PART II - PRODUCT INFORMATION

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

- **Types of HCT / Ps**
  - a. Bone
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  - p. Tendon
  - q. Umbilical Cord Blood
  - r. Vascular Graft

- **Establishment Functions**
  - Recover
  - Screen
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  - Store
  - Label
  - Distribute

#### 14. PROPRIETARY NAME(S)

### (MANUFACTURING ESTABLISHMENT FEI NO. __________)
### 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)

**Saving Sight**

1027 Junction Circle
Springfield, Illinois 62704

- a. PHONE 217-679-2987 EXT
- b. SATISLE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO. 3002423143
- 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)

**Saving Sight**

Attn: Antonio Bavuso, BS
10100 N Ambassador Drive
Suite 200
Kansas City, Missouri 64153

- a. PHONE 816-454-5454 EXT 104

#### 7. ENTER CORRECTIONS TO ITEM 6

#### 8. U.S. AGENT

- a. E-MAIL qa@saving-sight.org
- b. PHONE

#### 9. REPORTING OFFICIAL'S SIGNATURE

- a. TYPED NAME Antonio Bavuso, BS
- b. E-MAIL qa@saving-sight.org
- c. TITLE Executive Director
- d. DATE 16-NOV-2017

### PART II - PRODUCT INFORMATION

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

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#### 14. PROPRIETARY NAME(S)

- a. PROPRIETARY NAME(S)
### PART I - ESTABLISHMENT INFORMATION

#### 3. OTHER FDA REGISTRATIONS
- a. BLOOD FDA 2830
- b. DEVICES FDA 2891
- c. DRUG FDA 2656

#### 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

#### 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)
- Saving Sight
- Attn: Antonio  J. Bavuso, BS
- 3506 S Culpepper
- Suite D
- Springfield, Missouri  65804

#### 7. ENTER CORRECTIONS TO ITEM 6

### PART II - PRODUCT INFORMATION

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

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#### 14. PROPRIETARY NAME(S)
- q. Umbilical Cord Blood
- Autologous
- Family Related
- Allogeneic
### PART I - ESTABLISHMENT INFORMATION

#### 3. OTHER FDA REGISTRATIONS

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#### 4. PHYSICAL LOCATION

Saving Sight

404 Portland Street
Columbia, Missouri 65201

- a. PHONE 573-443-1471 EXT
- b. PHONE 8164545454 EXT 104

#### 5. ENTER CORRECTIONS TO ITEM 4

- a. PHONE 8164545454 EXT 104

#### 6. MAILING ADDRESS OF REPORTING OFFICIAL

Attn: Antonio Bavuso, BS
10100 N. Ambassador Drive
Suite 200
Kansas City, Missouri 64153

- a. PHONE 8164545454 EXT 104

#### 7. ENTER CORRECTIONS TO ITEM 6

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

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#### 12. HCT/Ps REGULATED AS MEDICAL DEVICES

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#### 13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS

- v.

#### 14. PROPRIETARY NAME(S)

- a. TYPED NAME Antonio Bavuso, BS
- b. E-MAIL qa@saving-sight.org
- c. TITLE Executive Director
- d. DATE 16-NOV-2017