See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543. Expiration Date: 1/31/14

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
(Field Establishment Identifier)

FEI: 1000307349

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

VALIDATION--FOR FDA USE ONLY 1
VALIDATED BY FDA:30-NOV-2010
DISTRICT: Seattle
PRINTED BY FDA:02-NOV-2011

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)*

Life Alaska Donor Services
235 East 8th Avenue
Suite 100
Anchorage, Alaska 99501

a. PHONE 907-562-5433 EXT

b. ☐ SATELLITE RECOVERY ESTABLISHMENT
(MANUFACTURING ESTABLISHMENT FEI NO._____

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)*

Life Alaska Donor Services
Attn: Bruce Zalneraitis, CTBS
235 East 8th Avenue
Suite 100
Anchorage, Alaska 99501

a. PHONE 907-562-5433 EXT

7. ENTER CORRECTIONS TO ITEM 6 b. PHONE

8. U.S. AGENT

a. E-MAIL

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME Bruce Zalneraitis, CTBS

b. E-MAIL brucez@lifealaska.org

c. TITLE Chief Executive Officer d. DATE

PART II - PRODUCT INFORMATION

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

Types of HCT / Ps	*Establishment Functions*								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)
	Recover	Screen	Test	Package	Process	Store	Label	Distribute				
a. Bone	X	X				X		X	X			
b. Cartilage	X	X							X			
c. Cornea	X	X				X		X	X			
d. Dura Mater												
e. Embryo ☐ SIP ☐ Directed ☐ Anonymous												
f. Fascia	X	X				X		X	X			
g. Heart Valve	X	X							X			
h. Ligament	X	X				X		X	X			
i. Oocyte ☐ SIP ☐ Directed ☐ Anonymous												
j. Pericardium	X	X				X		X	X			
k. Peripheral Blood Stem Cells ☐ Autologous ☐ Family Related ☐ Allogeneic												
l. Sclera	X	X				X		X	X			
m. Semen ☐ SIP ☐ Directed ☐ Anonymous												
n. Skin	X	X				X		X	X			
o. Somatic Cell Therapy Products ☐ Autologous ☐ Family Related ☐ Allogeneic												
p. Tendon	X	X				X		X	X			
q. Umbilical Cord Blood Stem Cells ☐ Autologous ☐ Family Related ☐ Allogeneic												
r. Vascular Graft	X	X							X			
s.												
t.												
u.												
v.												