

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: 3000718045	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:29-NOV-2017 DISTRICT: New York PRINTED BY FDA:27-JAN-2018
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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 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:30%;">Types of HCT / Ps</th> <th colspan="8" style="text-align: center;">Establishment Functions</th> <th rowspan="2">11. HCT/Ps DESCRIBED IN 21 CFR 1271.10</th> <th rowspan="2">12. HCT/Ps REGULATED AS MEDICAL DEVICES</th> <th rowspan="2">13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS</th> <th rowspan="2">14. PROPRIETARY NAME(S)</th> </tr> <tr> <th>Recover</th> <th>Screen</th> <th>Test</th> <th>Package</th> <th>Process</th> <th>Store</th> <th>Label</th> <th>Distribute</th> </tr> </thead> </table>					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																																																																																																																																																																																																																																																																									
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4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Musculoskeletal Transplant Foundation 6464 Ridings Rd., Suite 103 Syracuse, New York 13206 a. PHONE 518-944-8288 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 style="width:30%;">a. Bone</td> <td></td><td></td><td style="text-align: center;">X</td><td></td><td></td><td></td><td></td><td></td><td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>b. Cartilage</td> <td></td><td></td><td style="text-align: center;">X</td><td></td><td></td><td></td><td></td><td></td><td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>c. 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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) Musculoskeletal Transplant Foundation Attn: Joel Osborne 125 May Street Suite 300 Edison, New Jersey 08837 a. PHONE 732-661-0202 EXT _____ b. PHONE _____					
7. ENTER CORRECTIONS TO ITEM 6					
8. U.S. AGENT a. E-MAIL _____					
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Joel C. Osborne b. E-MAIL ra_licenses@mtf.org c. TITLE Vice President, RA d. DATE 29-NOV-2017					