	See Instructions for OMB Statement. FORM APPROVED:OMB No.0910-0543. Expiration Date: 6/30/2020														
DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION			1. REGISTRATION NUMBER (FDA Establishment Identifier)							N / LISTIN		DISTRICT: Baltimore			
ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)		FEI: 3005381997					b. 🗶 ANNUAL REGISTRATION / LIST c. 🗌 CHANGE IN INFORMATION					PRINTED BY FDA:27-JAN-2018			
(See reverse side for instructions)	·)					d. [	INAC	TIVE							
PART I - ESTABLISHMENT INFORMATION	PART II - PR	ODUCT INFOR						11. HCT/Ps DESCRIBED IN 21 CFR 1271.10		13. HCT/Ps REGULATED / DRUGS OR BIOLOGICAL I					
3. OTHER FDA REGISTRATIONS	10. ESTABLISHM		127						14. PROPRIETARY						
a. BLOOD FDA 2830 NO					ES	Establishment Functions					1200	E E	Ex 문 %	NAME(S)	
b. DEVICES FDA 2891 NO. FEI: 3005381997	Types of HCT / Ps		Recover	Screen	Test	Package	ackage Process Store	Store	Label	Distribute	ie 21	12. HCT/Ps REGULATED AS MEDICAL DEVICES	AS		
c. DRUG FDA 2656 NO															
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)	a. Bone					X	x	x	x		X	Х		*** See full text on next page	
LifeNet Health	b. Cartilage														
5733 Bayside Road Suite 104	c. Cornea														
Virginia Beach, Virginia 23455	d. Dura Mater														
a. PHONE 757-464-4761 EXT 4648 b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO c. TESTING FOR MICRO-ORGANISMS ONLY	e. Embryo	SIP Directed Anonymous													
	f. Fascia					X	X	Х			X				
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve														
	h. Ligament														
<ol> <li>6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)</li> </ol>	i. Oocyte	SIP Directed Anonymous													
LifeNet Health Attn: Michael Plew	j. Pericardium														
1864 Concert Drive Virginia Beach, Virginia 23453	Blood Stem	Autologous Family Related Allogeneic													
	I. Sclera														
a. PHONE 757-464-4761 EXT 4648		SIP Directed Anonymous													
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	n. Skin														
	Therapy	Autologous Family Related Allogeneic													
8. U.S. AGENT	p. Tendon														
	Cord Blood	Autologous Family Related Allogeneic													
a. E-MAIL	r. Vascular Graft														
9. REPORTING OFFICIAL'S SIGNATURE	S.														
a. TYPED NAME Michael Plew	t.														
b. E-MAIL michael_plew@lifenethealth.org	u.														
c. TITLE SVP,Global Quality&Regulatory Complianc d. DATE 17-NOV-2017	٧.														

## 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: 3005381997

ADDITIONAL INFORMATION:

## Proprietary Name(s):

a. Bone PliaFX, OraGraft,ReadiGraft, ReadiGraft BLX, FlexiGraft,Optium, VESUVIUS, Bio DBM,BIO Expand 2