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

FEI: 3005064037

1. REGISTRATION NUMBER

(FDA Establishment Identifier)

2. REASON FOR SUBMISSION a. INITIAL REGISTRATION / LISTING b. x ANNUAL REGISTRATION / LISTING CHANGE IN INFORMATION

VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:17-NOV-2017 DISTRICT: Baltimore PRINTED BY FDA:27-JAN-2018

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)

(See reverse side for instructions) INACTIVE d. 12. HCT/Ps REGULATED AS MEDICAL DEVICES 13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS PART I - ESTABLISHMENT INFORMATION **PART II - PRODUCT INFORMATION** 3. OTHER FDA REGISTRATIONS 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps 14. PROPRIETARY **Establishment Functions** a. BLOOD FDA 2830 NAME(S) N 21 NO. FEI: 3005064037 Types of HCT / Ps Recover Screen Package Process Label Distribute b. DEVICES FDA 2891 c. DRUG FDA 2656 4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and \mathbf{X} X \mathbf{X} X X X \mathbf{X} X X a. Bone *** See full text on next page post office code) LifeNet Health \mathbf{X} X X X X X X X b. Cartilage FlexiGraft 1864 Concert Drive \mathbf{X} X c. Cornea Virginia Beach, Virginia 23453 d. Dura Mater e. Embryo Directed a. PHONE 757-464-4761 EXT 4648 Anonymous b. SATELLITE RECOVERY ESTABLISHMENT X \mathbf{X} X X X X X X ReadiGraft, OraGraft f. Fascia (MANUFACTURING ESTABLISHMENT FEI NO. TESTING FOR MICRO-ORGANISMS ONLY X X X X X X CardioGraft g. Heart Valve 5. ENTER CORRECTIONS TO ITEM 4 X X X X X \mathbf{X} \mathbf{X} X h. Ligament FlexiGraft ☐ SIP Directed Oocyte 6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, Anonymous number and street, city, state, country, and post office code) LifeNet Health \mathbf{X} j. Pericardium X X \mathbf{X} X X X X ReadiGraft Attn: Michael Plew k. Peripheral Autologous 1864 Concert Drive Family Related Blood Stem Virginia Beach, Virginia 23453 Allogéneic X \mathbf{X} I. Sclera SIP m. Semen Directed a. PHONE 757-464-4761 **EXT 4648** Anonymous 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE *** See full text on next page X X X X X n. Skin o. Somatic Cell Autologous Therapy Family Related Products Allogeneic 8. U.S. AGENT X X \mathbf{X} X \mathbf{X} X \mathbf{X} \mathbf{X} \mathbf{X} *** See full text on next page p. Tendon q. Umbilical Autologous Family Related Cord Blood Allogeneic \mathbf{X} X X X X X r. Vascular Graft AngioGraft a. E-MAIL 9. REPORTING OFFICIAL'S SIGNATURE CardioGraft, CardioGraft-MC s. Cardiac Tissue - non-valved X X X \mathbf{X} X X X a. TYPED NAME Michael Plew u. b. E-MAIL michael_plew@lifenethealth.org c. TITLE SVP, Global Quality & Regulatory Complianc d. DATE 17-NOV-2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

1. REGISTRATION NUMBER (FDA Establishment Identifier)

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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ADDITIONAL INFORMATION:

Bone proprietary names (cont): VESUVIUS, BIO AVS, Trinnect, BIO Chips, BIO Wedge, BIO Shaft, MatriSPINE, FlexiGraft, ReadiGraft BLX

Proprietary Name(s):

a. Bone ViviGen, ViviGen Formable, PliaFX,

MatriGraft,OraGraft,ReadiGraft,VertiGraft,Optium,I/C

Graft Chamber, AlloOss, VIKOS

n. Skin ReadiGraft, TheraSkin, DermACELL, DermACELL

AWM, OrACELL, ArthroFLEX, ArthroFLEX

BioWasher

FlexiGraft, GraftLink, GraftLink TS, KinetiGraft p. Tendon

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