

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 DESCRIBED IN 21 CFR 1271.10	FEI: 3005202248	Other FDA Registrations: Blood: Devices: Drugs:	Reason For Last Submission: Annual Registration/Listing Last Annual Registration Year: 2019 Last Registration Receipt Date: 12/13/2018 Summary Report Print Date: 12/19/2018
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------	--------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Legal Name and Location: California Cryobank LLC 369 Lexington Avenue, #401 New York, New York 10017 USA Phone: 212-779-1608 Ext.:	Reporting Official: Dawn Wofford, Sr. Regulatory Compliance Specialist 11915 La Grange Avenue Los Angeles, California 90025-5213 USA Phone: 520-239-1081 Ext. dwofford@cordblood.com	Satellite Recovery Establishment: No Parent Manufacturing Establishment FEI No.: Testing For Micro-Organisms Only: No Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

HCT/P(s)	Donor Type(s)	Establishment Functions								Date of Discontinuance	Date of Resumption	Proprietary Name(s)
		Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute			
Amniotic Membrane												
Blood Vessel												
Bone												
Cardiac Tissue - non-valved												
Cartilage												
Cornea												
Dura Mater												
Embryo	Anonymous, Directed, SIP							X		X		
Fascia												
Heart Valve												
HPC Apheresis												
HPC Cord Blood												
Ligament												
Nerve Tissue												
Oocyte	Anonymous, Directed, SIP		X					X		X		
Ovarian Tissue												
Pancreatic Islet Cells - autologous												
Parathyroid												
Pericardium												
Peripheral Blood Mononuclear Cells												
Peritoneal Membrane												
Sclera												
Semen	Anonymous, Directed, SIP	X	X		X	X	X	X	X			
Skin												
Tendon												
Testicular Tissue			X		X	X	X	X	X			
Tooth Pulp												
Umbilical Cord Tissue												

Additional Information: No additional information provided.

Proprietary Name(s):