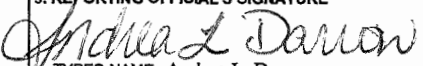


DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)		1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 0002246948		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:19-NOV-2015 DISTRICT: Florida PRINTED BY FDA:03-DEC-2015																																																																																																																																																																																																																																																																																																																																																																																																																																													
PART I - ESTABLISHMENT INFORMATION 3. OTHER FDA REGISTRATIONS a. BLOOD FDA 2830 NO. FEI: 0002246948 b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____		PART II - PRODUCT INFORMATION 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Types of HCT / Ps</th> <th colspan="9">Establishment Functions</th> <th rowspan="2">11. HCT/Ps REGULATED 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> <tbody> <tr><td>a. Bone</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b. 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4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Cryo-Cell International, Inc. 700 Brooker Creek Boulevard Suite 1800 Oldsmar, Florida 34677 a. PHONE 813-749-2100 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> 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) Cryo-Cell International, Inc. Attn: Andrea L. Darrow 700 Brooker Creek Boulevard Suite 1800 Oldsmar, Florida 34677 a. PHONE 813-749-2188 EXT _____		7. ENTER CORRECTIONS TO ITEM 6 b. PHONE _____																																																																																																																																																																																																																																																																																																																																																																																																																																													
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