



**U.S. Food and Drug Administration**



**CENTER FOR BIOLOGICS EVALUATION AND RESEARCH**

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**HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query  
Establishment Details**

Establishment Name and Location

Current Status: Registered  
 Last Annual Registration Year: 2018  
 FDA Establishment Identifier (FEI):   
 Establishment Name:   
 Address:   
 City:   
 State:   
 Zip: 84070  
 Country: United States  
 Phone:

Establishment Functions

	<b>Types of HCT/P's</b>	<b>Recover</b>	<b>Screen</b>	<b>Test</b>	<b>Package</b>	<b>Process</b>	<b>Store</b>	<b>Label</b>	<b>Distribute</b>
a.	Bone								
b.	Cartilage								
c.	Cornea								
d.	Dura Mater								
e.	Embryo								
f.	Fascia								
g.	Heart Valve								
h.	Ligament								
i.	Oocyte								
j.	Pericardium								
k.	Peripheral Blood Stem Cells								
l.	Sclera								
m.	Semen								
n.	Skin								
o.	Somatic Cell Therapy Products								
p.	Tendon								
q.	Umbilical Cord Blood Stem Cells	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r.	Vascular Graft								
s.	Amniotic Membrane	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
t.	Placenta	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
u.	Amniotic Fluid	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Establishment HCT/P Listing

	Types of HCT/P's	HCT/P's Described in 21 CFR 1271.10	HCT/P's Regulated as Medical Devices	HCT/P's Regulated as Drugs or Biological Drugs	Proprietary Names
a.	Bone				
b.	Cartilage				
c.	Cornea				
d.	Dura Mater				
e.	Embryo				
f.	Fascia				
g.	Heart Valve				
h.	Ligament				
i.	Oocyte				
j.	Pericardium				
k.	Peripheral Blood Stem Cells				
l.	Sclera				
m.	Semen				
n.	Skin				
o.	Somatic Cell Therapy Products				
p.	Tendon				
q.	Umbilical Cord Blood Stem Cells	X			
r.	Vascular Graft				
s.	Amniotic Membrane	X			
t.	Placenta	X			
u.	Amniotic Fluid	X			StemShot, StemVive

HCT/P Listing - Donor Information

	Types of HCT/P's	SIP	Directed	Anonymous	Autologous	Family Related	Allogeneic
e.	Embryo						
i.	Oocyte						
k.	Peripheral Blood Stem Cells						
m.	Semen						
o.	Somatic Cell Therapy Products						
q.	Umbilical Cord Blood Stem Cells				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

eHCTERS v02.08.00  
Updated 05/05/2014

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