

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: 3003410694	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:10-DEC-2016 DISTRICT: New Orleans PRINTED BY FDA:15-DEC-2016
---	--	--	--

PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION													
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps	Establishment Functions									11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)
a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	Types of HCT / Ps	Recover	Screen	Test	Package	Process	Store	Label	Distribute					
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Nutech Medical, Inc. 2641 Rocky Ridge Lane Birmingham, Alabama 35216 a. PHONE 205-290-2158 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone b. Cartilage c. Cornea d. Dura Mater e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous f. Fascia g. Heart Valve h. Ligament i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous j. Pericardium k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic l. Sclera m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous						X	X	X	X		FiberOS, OCM + DBM, OsteoIN DBM		
5. ENTER CORRECTIONS TO ITEM 4	n. Skin o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic						X	X	X			GammaGraft		
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) Nutech Medical, Inc. Attn: Rita K. Cain, CTBS PO Box 36639 Birmingham, Alabama 35236 a. PHONE 205-329-7267 EXT _____ b. PHONE _____	p. Tendon q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic r. Vascular Graft						X	X	X					
7. ENTER CORRECTIONS TO ITEM 6	s. Amniotic Membrane t. Amniotic Fluid u. v.				X	X	X	X	X	X		NuCel, NuShield, Affinity, ReNu NuCel, ReNu		
8. U.S. AGENT a. E-MAIL _____														
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Rita K. Cain, CTBS b. E-MAIL rcain@nutechmedical.com c. TITLE Quality Director d. DATE 09-DEC-2016														

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: 3003410694

2

ADDITIONAL INFORMATION:

NuTech Medical, Inc. is contracted with WuXi AppTec, Inc. for performing the Packaging, Processing and Labeling activities for NuCel and ReNu.