

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 type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input checked="" type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:27-MAY-2017 DISTRICT: New Orleans PRINTED BY FDA:22-JUN-2017
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps PREPARED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)																						
3. OTHER FDA REGISTRATIONS a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:15%;">Types of HCT / Ps</th> <th colspan="8" style="text-align: center;">Establishment Functions</th> <th rowspan="2"></th> <th rowspan="2"></th> <th rowspan="2"></th> <th rowspan="2"></th> <th rowspan="2"></th> </tr> <tr> <th style="width:5%;">Recover</th> <th style="width:5%;">Screen</th> <th style="width:5%;">Test</th> <th style="width:5%;">Package</th> <th style="width:5%;">Process</th> <th style="width:5%;">Store</th> <th style="width:5%;">Label</th> <th style="width:5%;">Distribute</th> </tr> </thead> </table>					Types of HCT / Ps	Establishment Functions													Recover	Screen	Test	Package	Process	Store	Label	Distribute
Types of HCT / Ps	Establishment Functions																										
	Recover	Screen	Test	Package	Process	Store	Label	Distribute																			
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Prime Merger Sub, LLC (dba NuTech Medical) a Division of Organogenesis, 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 n. Skin o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic p. Tendon q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic r. Vascular Graft				FiberOS, OCM + DBM, OsteoIN DBM																						
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) Prime Merger Sub, LLC (dba NuTech Medical) a Division of Organogenesis, Inc.) Attn: Rita K. Cain, CTBS PO Box 36639 Birmingham, Alabama 35236 a. PHONE 205-329-7267 EXT _____																											
7. ENTER CORRECTIONS TO ITEM 6	b. PHONE _____																										
8. U.S. AGENT a. E-MAIL _____																											
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Rita K. Cain, CTBS b. E-MAIL rcain@organo.com c. TITLE Quality Director d. DATE 26-MAY-2017	s. Amniotic Membrane t. Amniotic Fluid u. v.				NuCel, NuShield, Affinity, ReNu NuCel, ReNu																						

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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

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ADDITIONAL INFORMATION:

Prime Merger Sub, LLC (dba NuTech Medical) a Division of Organogenesis, Inc. is contracted with WuXi AppTec, Inc. for Packaging, Processing and Labeling.

Proprietary Name(s):