

VALIDATION--FOR FDA USE ONLY  
 VALIDATED BY FDA:02-JAN-2008  
 DISTRICT: Detroit  
 PRINTED BY FDA:17-JAN-2008

1. REGISTRATION NUMBER  
 (Field Establishment Identifier)  
 FEI: 0001870296

2. REASON FOR SUBMISSION  
 a.  INITIAL REGISTRATION / LISTING  
 b.  ANNUAL REGISTRATION / LISTING  
 c.  CHANGE IN INFORMATION  
 d.  INACTIVE

PART I - ESTABLISHMENT INFORMATION		PART II - PRODUCT INFORMATION AND TYPES OF HCT / Ps							14. PROPRIETARY NAME(S)	
3. OTHER FDA REGISTRATIONS		Establishment Functions								
10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps		Recover	Screen	Text	Package	Process	Store	Label	Distribute	
Types of HCT / Ps										
No HCT / P Specified										
a. BONE	X	X	X	X	X	X	X	X	X	
b. Cartilage	X	X	X	X	X	X	X	X	X	
c. Cornea	X	X	X	X	X	X	X	X	X	
d. Dura Mater										
e. Embryo										
f. Fascia	X	X	X	X	X	X	X	X	X	
g. Heart Valve	X	X	X	X	X	X	X	X	X	
h. Ligament	X	X	X	X	X	X	X	X	X	
i. Oocyte										
j. Pericardium	X	X	X	X	X	X	X	X	X	
k. Peripheral Blood Stem Cells										
l. Sclera	X	X	X	X	X	X	X	X	X	
m. Semen										
n. Skin	X	X	X	X	X	X	X	X	X	
o. Somatic Cells										
p. Tendon	X	X	X	X	X	X	X	X	X	
q. Umbilical Cord Blood Stem Cells	X	X	X	X	X	X	X	X	X	
r. Vascular Graft	X	X	X	X	X	X	X	X	X	
s.										
t.										
u.										
v.										

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3. OTHER FDA REGISTRATIONS  
 a. BLOOD FDA 2830 NO.  
 b. DEVICES FDA 2891 NO.  
 c. DRUG FDA 2656 NO.

4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)  
 Donor Services of Indiana, Inc.  
 6931 Quemetco Court  
 Fort Wayne, Indiana 46803

5. ENTER CORRECTIONS TO ITEM 4  
 a. PHONE 260-749-9105 EXT  
 b.  SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO.)  
 c.  TESTING FOR MICRO-ORGANISMS ONLY

6. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and post office code)  
 Donor Services of Indiana, Inc.  
 Attn: Terri A. Tibbot  
 6931 Quemetco Court  
 Fort Wayne, Indiana 46803

7. ENTER CORRECTIONS TO ITEM 6  
 a. PHONE 260-749-9105 EXT  
 b. PHONE

8. U.S. AGENT  
 a. E-MAIL  
 9. REPORTING OFFICIAL'S SIGNATURE  
 a. TYPED NAME Terri A. Tibbot  
 b. E-MAIL ttibbot@dsinissuebank.org  
 c. TITLE CEO  
 d. DATE 02-JAN-2008