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| 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 DESCRIBED IN 21 CFR 1271.10 | FEI: 3005033855 | Other FDA Registrations: Blood: Devices: Drugs: | Reason For Last Submission: Annual Registration/Listing Last Annual Registration Year: 2022 Last Registration Receipt Date: 11/19/2021 Summary Report Print Date: 12/01/2021 |
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| Legal Name and Location: Fairfax Cryobank, Inc. - Austin 1305 West 34th Street Suite 210 Austin, Texas 78705 USA Phone: 512-206-0408 Ext.: | Reporting Official: Megan Taylor, Document Administrator 3015 Williams Drive Suite 110 Fairfax, Virginia 22031 USA Phone: 800-338-8407 Ext. mtaylor@givf.com | Satellite Recovery Establishment: No Parent Manufacturing Establishment FEI No.: Testing For Micro-Organisms Only: No Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)). |
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| HCT/P(s) | Donor Type(s) | Establishment Functions | | | | | | | | Date of Discontinuance | Date of Resumption | Proprietary Name(s) |
|-------------------------------------|--------------------------|-------------------------|--------|---------------|---------|---------|-------|-------|------------|------------------------|--------------------|---------------------|
| | | Recover | Screen | Donor Testing | Package | Process | Store | Label | Distribute | | | |
| Amniotic Membrane | | | | | | | | | | | | |
| Blood Vessel | | | | | | | | | | | | |
| Bone | | | | | | | | | | | | |
| Cardiac Tissue - non-valved | | | | | | | | | | | | |
| Cartilage | | | | | | | | | | | | |
| Cornea | | | | | | | | | | | | |
| Dura Mater | | | | | | | | | | | | |
| Embryo | Anonymous, Directed, SIP | | | | | | X | X | X | | | |
| Fascia | | | | | | | | | | | | |
| Heart Valve | | | | | | | | | | | | |
| HPC Apheresis | | | | | | | | | | | | |
| HPC Cord Blood | | | | | | | | | | | | |
| Ligament | | | | | | | | | | | | |
| Nerve Tissue | | | | | | | | | | | | |
| Oocyte | Anonymous, Directed, SIP | | | | | | X | X | X | | | |
| Ovarian Tissue | | | | | | | X | X | X | | | |
| Pancreatic Islet Cells - autologous | | | | | | | | | | | | |
| Parathyroid | | | | | | | | | | | | |
| Pericardium | | | | | | | | | | | | |
| Peripheral Blood Mononuclear Cells | | | | | | | | | | | | |
| Peritoneal Membrane | | | | | | | | | | | | |
| Sclera | | | | | | | | | | | | |
| Semen | Anonymous, Directed, SIP | X | X | | X | X | X | X | X | | | |
| Skin | | | | | | | | | | | | |
| Tendon | | | | | | | | | | | | |
| Testicular Tissue | | | | | X | X | X | X | X | | | |
| Tooth Pulp | | | | | | | | | | | | |
| Umbilical Cord Tissue | | | | | | | | | | | | |

Additional Information: No additional information provided.

Proprietary Name(s):

FEI: 3005033855

Legal Name:

Fairfax Cryobank, Inc. - Austin