

1. REGISTRATION NUMBER
 (Field Establishment Identifier)
 FEI: 3001451641

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)

PART I - ESTABLISHMENT INFORMATION

3. OTHER FDA REGISTRATIONS
 a. BLOOD FDA 2830 NO. _____
 b. DEVICES FDA 2881 NO. _____
 c. DRUG FDA 2656 NO. _____

4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)
 Illinois Eye-Bank, Watson Gailey
 1717 RT Dunn, Unit 201-7
 Bloomington, Illinois 61701

a. PHONE 312-706-6770 EXT _____
 b. SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____)
 c. TESTING FOR MICRO-ORGANISMS ONLY _____

5. ENTER CORRECTIONS TO ITEM 4

6. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and past office code)
 Midwest Eye-Banks
 Attn: Kevin W. Ross
 4889 Venture Dr.
 Ann Arbor, Michigan 48108

a. PHONE 734-780-2100 EXT _____
 b. PHONE _____

7. ENTER CORRECTIONS TO ITEM 6

8. U.S. AGENT

a. E-MAIL _____
 b. REPORTING OFFICIAL'S SIGNATURE _____

a. TYPED NAME Kevin W. Ross
 b. E-MAIL kwross@midwesteyebanks.org
 c. TITLE President/CEO
 d. DATE 16-NOV-2009

PART II - PRODUCT INFORMATION

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

Types of HCT / Ps	Establishment Functions						14. PROPRIETARY NAME(S)					
	Recover	Screen	Test	Package	Process	Store		Label	Distribute			
a. Bone												
b. Cartilage												
c. Cornea	X	X		X	X	X	X	X	X	X	X	
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 Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
l. Sclera	X	X		X	X	X	X	X	X	X	X	
m. Somen <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 Stem Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic												
r. Vascular Graft												
s.												
t.												
u.												
v.												