

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) <small>(See reverse side for instructions)</small>		1. REGISTRATION NUMBER <small>(FDA Establishment Identifier)</small> FEI: 3011697159	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:06-JAN-2016 DISTRICT: New York PRINTED BY FDA:22-JAN-2016	
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PART I - ESTABLISHMENT INFORMATION 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) Sight Society of NENY, Inc Lions Eye Bank of Rochester 100 Corporate Woods Suite 130 Rochester, New York 14623 a. PHONE 587-272-7890 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. 3000718056) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: left; padding: 5px;">PART II - PRODUCT INFORMATION</th> <th rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; padding: 5px;">11. HCT/PS DESCRIBED IN 21 CFR 1271.10</th> <th rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; padding: 5px;">12. 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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) Sight Society of NENY, Inc Attn: Victoria Alder, RN, BSN, CEBT Lions Eye Bank of Rochester 6 Executive Park Drive Albany, New York 12203 a. PHONE 585-753-5905 EXT _____	7. ENTER CORRECTIONS TO ITEM 6 <div style="text-align: right;">b. PHONE _____</div>
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8. U.S. AGENT a. E-MAIL _____	9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Victoria Alder, RN, BSN, CEBT b. E-MAIL vadler@lionseyebankalbany.org c. TITLE Executive Director <div style="text-align: right;">d. DATE 11-DEC-2015</div>
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