

1. REGISTRATION NUMBER
 (Find Establishment Identifier)
FEI: 0001671794

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

VALIDATION--FOR FDA USE ONLY
 VALIDATED BY FDA-04-DEC-2009
 DISTRICT: Dallas
 PRINTED BY FDA-18-DEC-2009

See Instructions for OMB Statement FORM APPROVED: OMB No. 0910-0543, Expiration Date: 8/31/10

PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION										
	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / PS										
3. OTHER FDA REGISTRATIONS	Types of HCT / Ps	Establishment Functions						11. HCT/PS DESCRIBED IN 21 CFR 127.10	12. HCT/PS REGULATED AS MEDICAL DEVICES	13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAMES
		Recover	Screen	Treat	Package	Process	Store				
a. BLOOD FDA 2830 NO. FEI: 0001671794	a. Bone	X	X			X			X		
b. DEVICES FDA 2891 NO.	b. Cartilage	X	X			X			X		
c. DRUG FDA 2856 NO.	c. Cornea										
4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)	d. Dura Mater										
Central Texas Regional Blood and Tissue Center 4300 N. Lamar Blvd. Austin, Texas 78756	e. Embryo										
	f. Fascia	X	X			X			X		
	g. Heart Valve	X	X			X			X		
	h. Ligament	X	X			X			X		
	i. Oocyte										
	j. Pericardium	X	X			X			X		
	k. Peripheral Blood Stem					X			X		
	l. Sclera										
	m. Semen										
	n. Skin	X	X			X			X		
	o. Somatic Cell Therapy Products										
	p. Tendon	X	X			X			X		
	q. Umbilical Cord Blood Stem Cells										
	r. Vascular Graft	X	X			X			X		
	s. Nerve Tissue	X	X			X			X		
	t.										
	u.										
	v.										

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)
 Central Texas Regional Blood and Tissue Center
 Attn: Wendy R. Bailey, COA (ASO)
 4300 N. Lamar Blvd.
 Austin, Texas 78756

7. ENTER CORRECTIONS TO ITEM 6

8. U.S. AGENT

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME Wendy R. Bailey, COA (ASO)
 b. E-MAIL wbailey@ctcms.com
 c. TITLE QA Compliance Manager
 d. DATE 03-DEC-2009

FORM FDA 3356 (4/08)