

1. REGISTRATION NUMBER (Field Establishment Identifier) FEI: 0001472204

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

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / PS

3. OTHER FDA REGISTRATIONS  
a. BLOOD FDA 2830 NO. FEI: 0001472204  
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)  
LifeSource  
1205 N. Milwaukee  
Glenview, Illinois 60025

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)  
Institute for Transfusion Medicine  
Attn: Liz DeAngelo  
Five Parkway Center  
875 Greentree Road  
Pittsburgh, Pennsylvania 15220

7. ENTER CORRECTIONS TO ITEM 6

8. U.S. AGENT

9. REPORTING OFFICIAL'S SIGNATURE  
a. TYPED NAME Liz DeAngelo  
b. E-MAIL edeangelo@itxm.org  
c. TITLE Quality Assurance Manager  
d. DATE 29-JUN-2010

Types of HCT / Ps	Establishment Functions					11. HCT/PS DESCRIBED IN 21 CFR 1271.10	12. HCT/PS REGULATED AS MEDICAL DEVICES	13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)
	Recover	Screen	Test	Package	Process				
a. Bone			X			X	X		
b. Cartilage			X			X	X		
c. Cornea									
d. Dura Mater									
e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous									
f. Fascia			X			X	X		
g. Heart Valve									
h. Ligament			X			X	X		
i. Oocyte <input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous			X			X			
j. Pericardium			X			X	X		
k. Peripheral Blood Stem Cells <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic			X			X	X		
l. Sclera			X			X	X		
m. Semen <input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous			X			X			
n. Skin			X			X	X		
o. Somatic Cell Therapy Products <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic			X			X	X		
p. Tendon			X			X	X		
q. Umbilical Cord Blood Stem Cells <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic			X			X	X		
r. Vascular Graft									
s. Pancreatic Islet Cells - autologous			X			X			
t. Therapeutic Cells			X			X			
u.									
v.									