

1. REGISTRATION NUMBER
 (7 and Establishment Identifier)
FEI: 3000718321

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

FORM APPROVED: OMB No. 0910-0543, Expiration Date: 8/31/10
 VALIDATION-FOR FDA USE ONLY
 VALIDATED BY: DA08-DEC-2010
 DISTRICT: Detroit
 PRINTED BY: FDA-22-DEC-2010

PART I - ESTABLISHMENT INFORMATION

3. OTHER FDA REGISTRATIONS
 a. BLOOD FDA 2830 NO. _____
 b. DEVICES FDA 2891 NO. _____
 c. DRUG FDA 2856 NO. _____

4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)
 Michigan Eye-Bank
 4889 Venture Dr.
 Ann Arbor, Michigan 48108

a. PHONE 734-780-2100 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 post 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

9. REPORTING OFFICIAL'S SIGNATURE

a. TYPED NAME Kevin W. Ross
 b. EMAIL kwross@midwesteyebanks.org
 c. TITLE President/CEO
 d. DATE 18-NOV-2010

PART II - PRODUCT INFORMATION

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 BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)
	Recover	Screen	Test	Package	Process	Store				
a. Bone										
b. Cartilage										
c. Cornea	X	X		X	X	X	X	X	X	
d. Dura Mater										
e. Embryo										
f. Fascia										
g. Heart Valve										
h. Ligament										
i. Oocyte										
j. Pericardium										
k. Peripheral Blood Stem Cells										
l. Sclera	X	X		X	X	X	X	X	X	
m. Semen										
n. Skin										
o. Somatic Cell Therapy Products										
p. Tendon										
q. Umbilical Cord Blood Stem Cells										
r. Vascular Graft										
s.										
t.										
u.										
v.										