

1. REGISTRATION NUMBER (Field Establishment Identifier) 3001518813  
 FEI: 3001518813  
 2. REASON FOR SUBMISSION  
 a. INITIAL REGISTRATION / LISTING  
 b. ANNUAL REGISTRATION / LISTING  
 c. CHANGE IN INFORMATION  
 d. INACTIVE

13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS  
 12. HCT/PS REGULATED AS MEDICAL DEVICES  
 11. HCT/PS DESCRIBED IN 21 CFR 1271.10

14. PROPRIETARY NAME(S)  
 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / PS

Types of HCT / Ps	Establishment Functions					Recover Screen	Test	Package	Process	Store	Label	Distribute	14. PROPRIETARY NAME(S)
	Recover	Screen	Test	Package	Process								
a. Bone													
b. Cartilage													
c. Cornea	X	X	X	X	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	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.													

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 2891 NO.  
 c. DRUG FDA 2656 NO.

4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)  
 The Lions Eye Bank for Long Island at North Shore University Hospital  
 350 Community Drive  
 Manhasset, New York 11030

5. ENTER CORRECTIONS TO ITEM 4  
 a. PHONE 516-465-8430 EXT  
 b. SATELLITE RECOVERY ESTABLISHMENT  
 c. MANUFACTURING ESTABLISHMENT FEI NO.  
 d. TESTING FOR MICRO-ORGANISMS ONLY

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)  
 Lions Eye Bank for Long Island at North Shore University Hospital  
 Attn: Kenneth P. Manger  
 350 Community Drive  
 Manhasset, New York 11030

7. ENTER CORRECTIONS TO ITEM 6  
 a. PHONE 516-465-8430 EXT  
 b. PHONE

8. U.S. AGENT  
 a. E-MAIL  
 b. TYPED NAME Kenneth P. Manger  
 c. TITLE Director

9. REPORTING OFFICIAL'S SIGNATURE  
 a. E-MAIL  
 b. TYPED NAME Kenneth P. Manger  
 c. TITLE Director

10. DATE 16-NOV-2011