

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) <i>(See reverse side for instructions)</i>	1. REGISTRATION NUMBER (Field Establishment Identifier): FEI: 0002246948	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: 28-FEB-2006 PRINTED BY FDA: 30-MAR-2006 DISTRICT OFFICE: Florida
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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. _____

PART II - PRODUCT INFORMATION

10. ESTABLISHMENT FUNCTIONS:

a. RECOVER c. TEST e. PROCESS g. LABEL

b. SCREEN d. PACKAGE f. STORE h. DISTRIBUTE

4. PHYSICAL LOCATION *(Include legal name, number and street, city, state, country, and post office code)*

Cryo-Cell International, Inc.
 700 Brooker Creek Boulevard
 Suite 1800
 Oldsmar, Florida 34677

PHONE 813-749-2100 EXT _____

TYPES OF HCT/Ps	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES, DRUGS, OR BIOLOGICAL DRUGS	13. PROPRIETARY NAME(S)
a. Bone			
b. Cartilage			
c. Cornea			
d. Dura Mater			
e. Embryo			
f. Fascia			
g. Heart Valve			
h. Ligament			
i. Oocyte			
j. Pericardium			
k. Peripheral Blood Stem Cells			
l. Sclera			
m. Semen			
n. Skin			
o. Somatic Cells			
p. Tendon			
q. Umbilical Cord Blood Stem Cells	X		
r. Vascular Graft			
s.			
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)*

CRYO-CELL International, Inc.
 700 Brooker Creek Boulevard
 Suite 1800
 Oldsmar, Florida 34677


PHONE 813-749-2107 EXT _____

7. ENTER CORRECTIONS TO ITEM 6

8. U.S. AGENT

a. E-MAIL _____ b. PHONE _____

9. REPORTING OFFICIAL'S SIGNATURE



a. TYPED NAME Julie Allickson
 b. E-MAIL jallickson@cryo-cell.com
 c. TITLE Technical Director d. DATE 19-DEC-2005