DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

FOO DRUG ADMINISTRATION

ESTABLISHMENT.STRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS

Ext.:

DESCRIBED IN 21 CFR 1271.10

FEI: 3001236469

Other FDA Registrations: Bior-

Drugs:

De

Reason For Last Submission: Annual Registration/Listing

Last Annual Registration Year: 2023 Last Registration Receipt Date: 11/15/2022 Summary Report Print Date: 12/01/2022

Legal Name and Location:

Phone: 804-560-7540

USA

Old Dominion Eye Foundation, Inc. (Old Dominion Eye Bank)

9200 Arboretum Parkway, Suite 104

North Chesterfield, Virginia 23236

William Proctor, Executive Director 9200 Arboretum Parkway, #104 Richmond, Virginia 23236

Phone: 804-560-7540 Ext.

proctor@odef.org

Reporting Official:

Satellite Recovery Establishment:

Parent Manufacturing Establishment FEI No.: Testing For Micro-Organisms Only:

No

No

Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR

1271.27(b)).

| Phone: 804-560-7540 EXI.: | | | | | | | | | | | | |
|-------------------------------------|---------------|---------|-------------------------|---------------|---------|---------|-------|-------|------------|------------------------|-----------------------|---------------------|
| HCT/P(a) | Donor Type(s) | | Establishment Functions | | | | | | | | | |
| | | Recover | Screen | Donor Testing | Package | Process | Store | Label | Distribute | Date of Discontinuance | Date of Resumption | Proprietary Name(s) |
| Amniotic Membrane | | | | | | | | | | | | |
| Blood Vessel | | | | | | | | | | | | |
| Bone | | | | | | | | | | | | |
| Cardiac Tissue - non-valved | | | | | | | | | | | | |
| Cartilage | | | | | | | | | | | | |
| Cornea | | x | X | × | x | x | х | x | х | | | |
| Dura Mater | | | | | | | | | | | | |
| Embryo | | | | | | | | | | | | |
| Fascia | | | | | | | | | | | | |
| Heart Valve | | | | | | | | | | | | |
| HPC Apheresia | | | | | | | | | | | | |
| HPC Cord Blood | | | | | | | | | | | | |
| Ligament | | | | | | | | | | | | |
| Nerve Tissue | | | | | | | | | | | | |
| Oocyte | | | | | | | | | | | | |
| Ovarian Tissue | | | | | | | | | | | | |
| Pancreatic Islet Cells - autologous | | | | | | | | | | | | |
| Parathyroid | | | | | | | | | | | | |
| Pericardium | | | | | | | | | | | | |
| Peripheral Blood Mononuclear Cells | | | | | | | | | | | | |
| Peritoneal Membrane | | | | | | | | | | | | |
| Sclera | | X | х | X | x | × | x | × | x | | | |
| Semen | | | | | | | | | | | | |
| Skin | | | | | | | | | | | | |
| Tendon | | | | | 1 | | | | | | | |
| Testicular Tissue | | | | | | | | | | | | |
| Tooth Pulp | | | | | | | | 1 | | | 17 | |
| Umbilical Cord Tissue | | | | | | | | | | | | |

3001236469

Legal Name: