

PART I - ESTABLISHMENT INFORMATION

3. OTHER FDA REGISTRATIONS

a. BLOOD FDA 2830 NO _____

b. DEVICES FDA 2891 NO _____

c. DRUG FDA 2856 NO. FEI: 0002247110

4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)
 WuXi AppTec Inc.
 4751 League Island Blvd.
 (Contract Manufacturing)
 Philadelphia, Pennsylvania 19112

5. ENTER CORRECTIONS TO ITEM 4

a. PHONE 215-218-7100 EXT 5543

b. SATELLITE RECOVERY ESTABLISHMENT
 MANUFACTURING ESTABLISHMENT FEI NO _____

c. 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)
 WuXi AppTec Inc.
 Attn: Michael McCormick
 4751 League Island Blvd.
 (Contract Manufacturing)
 Philadelphia, Pennsylvania 19112

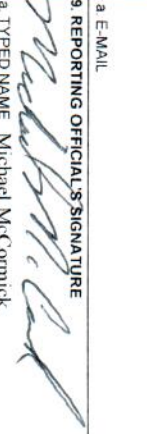
7. ENTER CORRECTIONS TO ITEM 6

a. PHONE 215-218-7100 EXT 5543

b. PHONE _____

8. U.S. AGENT

a. E-MAIL _____

9. REPORTING OFFICIAL'S SIGNATURE


a. TYPED NAME Michael McCormick
 b. E-MAIL michael.mccormick@wuxiapptec.com
 c. TITLE V.P., Quality Assurance

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 DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)
	Recover	Screen	Test	Package	Process	Store				
a. Bone										
b. Cartilage										
c. Cornea										
d. Dura Mater										
e. Embryo	<input type="checkbox"/> SIP	<input type="checkbox"/> Directed	<input type="checkbox"/> Anonymous							
f. Fascia										
g. Heart Valve										
h. Ligament										
i. Oocyte	<input type="checkbox"/> SIP	<input type="checkbox"/> Directed	<input type="checkbox"/> Anonymous							
j. Pericardium										
k. Peripheral Blood Stem	<input type="checkbox"/> Autologous	<input type="checkbox"/> Family Related	<input checked="" type="checkbox"/> Allogeneic							
l. Sclera										
m. Semen	<input type="checkbox"/> SIP	<input type="checkbox"/> Directed	<input type="checkbox"/> Anonymous							
n. Skin										
o. Somatic Cell Therapy Products	<input type="checkbox"/> Autologous	<input type="checkbox"/> Family Related	<input checked="" type="checkbox"/> Allogeneic							
p. Tendon										
q. Umbilical Cord Blood	<input type="checkbox"/> Autologous	<input type="checkbox"/> Family Related	<input checked="" type="checkbox"/> Allogeneic							
r. Vascular Graft										
s. Amniotic Membrane										
t. Ovarian Tissue										
u. _____										
v. _____										