

**1. REGISTRATION NUMBER**  
 (FDA Establishment Identifier)  
**FEL: 3005357288**

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

VALIDATION—FOR FDA USE ONLY  
 VALIDATED BY FDA: 22-DEC-2016  
 DISTRICT: Atlanta  
 PRINTED BY: FDA: 28-DEC-2016

See Instructions for OMB Statement. FORM APPROVED OMB No. 0910-0543. Expiration Date: 3/31/2017

**PART I - ESTABLISHMENT INFORMATION**

3. OTHER FDA REGISTRATIONS

a. BLOOD FDA 2830 NO. \_\_\_\_\_

b. DEVICES FDA 2891 NO. **FEL: 3005357288**

c. DRUG FDA 2656 NO. \_\_\_\_\_

4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)  
 SightLife (also dba SightLife Surgical Inc.)  
 101 North Chestnut Street  
 Suite 303  
 Winston-Salem, North Carolina 27101

a. PHONE 336-784-4603 EXT \_\_\_\_\_

b.  SATELLITE RECOVERY ESTABLISHMENT  
 (MANUFACTURING ESTABLISHMENT FEL 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)  
 SightLife (also dba SightLife Surgical Inc.)  
 Attn: Tom Miller  
 101 North Chestnut Street  
 Suite 303  
 Winston-Salem, North Carolina 27101

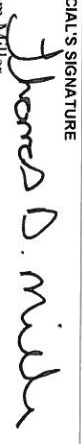
a. PHONE 206-838-4630 EXT \_\_\_\_\_

7. ENTER CORRECTIONS TO ITEM 6

b. PHONE \_\_\_\_\_

8. U.S. AGENT

a. E-MAIL \_\_\_\_\_

9. REPORTING OFFICIAL'S SIGNATURE  


a. TYPED NAME Tom Miller

b. E-MAIL tom.miller@sightlife.org

c. TITLE VP Quality and Regulatory Affairs

d. DATE 21-DEC-2016

**PART II - PRODUCT INFORMATION**

Types of HCT / Ps	Establishment Functions						11 HCT/PS DESCRIBED IN CFR 1271.10	12 HCT/PS MEDICAL DEVICES REGULATED AS	13 HCT/PS BIOLOGICAL DRUGS REGULATED AS	14. PROPRIETARY NAME(S)
	Recover	Screen	Test	Package	Process	Store				
a. Bone										
b. Cartilage										
c. Cornea				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										
l. Sclera										
m. Semen										
n. Skin										
o. Somatic Cell Therapy Products										
p. Tendon										
q. Umbilical Cord Blood										
r. Vascular Graft										
s. _____										
t. _____										
u. _____										
v. _____										