

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)

Life Alaska Donor Services
 235 East 8th Avenue
 Suite 100
 Anchorage, Alaska 99501

5. ENTER CORRECTIONS TO ITEM 4

a. PHONE 907-562-5433 EXT _____

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)

Life Alaska Donor Services
 Attn: George McCann, MD
 235 East 8th Avenue
 Suite 100
 Anchorage, Alaska 99501

7. ENTER CORRECTIONS TO ITEM 6

a. PHONE 907-562-5433 EXT _____

b. PHONE _____

8. U.S. AGENT

a. E-MAIL
 georgem@lifealaska.org

b. TYPED NAME
 George McCann, MD

c. TITLE
 President & Chief Executive Officer

d. DATE
 23-NOV-2016

9. REPORTING OFFICIAL'S SIGNATURE

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

Types of HCT / Ps	Establishment Functions						11. HCT/PS DESCRIBED IN CFR 1271.10	12. HCT/PS REGULATED AS MEDICAL DEVICES	13. HCT/PS REGULATED AS BIOLOGICAL DRUGS	14. PROPRIETARY NAMES
	Recover	Screen	Test	Package	Process	Store				
a. Bone	X	X				X			X	
b. Cartilage	X	X				X			X	
c. Cornea	X	X							X	
d. Dura Mater										
e. Embryo										
f. Fascia	X	X				X			X	
g. Heart Valve	X	X							X	
h. Ligament	X	X				X			X	
i. Oocyte										
j. Pericardium	X	X				X			X	
k. Peripheral Blood Stem										
l. Sclera	X	X				X			X	
m. Semen										
n. Skin	X	X				X			X	
o. Somatic Cell Therapy Products										
p. Tendon	X	X				X			X	
q. Umbilical Cord Blood										
r. Vascular Graft	X	X							X	
s.										
t.										
u.										
v.										