

1. REGISTRATION NUMBER (Field Establishment Identifier)  
 FEI: 0001472204

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

3. OTHER FDA REGISTRATIONS  
 a. BLOOD FDA 2830 NO. FEI: 0001472204  
 b. DEVICES FDA 2891 NO. \_\_\_\_\_  
 c. DRUG FDA 2656 NO. \_\_\_\_\_

4. PHYSICAL LOCATION (Include legal name, number and street, city, state, county, and post office code)  
 LifeSource  
 1205 N. Milwaukee  
 Glenview, Illinois 60025

5. ENTER CORRECTIONS TO ITEM 4

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, county, and post office code)  
 LifeSource  
 Attn: Nancy C. Joseph, MT(ASCP)  
 1205 N. Milwaukee  
 Glenview, Illinois 60025

7. ENTER CORRECTIONS TO ITEM 6

8. U.S. AGENT  
 a. PHONE 847-803-7896 EXT \_\_\_\_\_  
 b. PHONE \_\_\_\_\_

9. REPORTING OFFICIAL'S SIGNATURE  
 a. TYPED NAME Nancy C. Joseph, MT(ASCP)  
 b. E-MAIL njoseph@litrn.org  
 c. TITLE Quality Assurance Manager  
 d. DATE 27-NOV-2007

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

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				
No HCT / P Specified										
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 checked="" type="checkbox"/> Anonymous			X				X			
j. Pericardium										
k. Peripheral Blood Stem Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic			X				X			
l. Sclera										
m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous			X				X			
n. Skin										
o. Somatic Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic										
p. Tendon										
q. Umbilical Cord Blood Stem Cells <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic			X				X			
r. Vascular Graft										
s.										
t.										
u.										
v.										