

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)	1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 3011545418	2. REASON FOR SUBMISSION a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input checked="" type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:01-JUL-2017 DISTRICT: Los Angeles PRINTED BY FDA:28-AUG-2017
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION	11. HCT/Ps DESCRIBED IN 21 OF 171.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)																																																																																																																																																																																																																																																																																																																																																																																
3. OTHER FDA REGISTRATIONS a. BLOOD FDA 2830 NO. _____ b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:30%;">Types of HCT / Ps</th> <th colspan="8" style="text-align: center;">Establishment Functions</th> <th rowspan="2">11. HCT/Ps DESCRIBED IN 21 OF 171.10</th> <th rowspan="2">12. HCT/Ps REGULATED AS MEDICAL DEVICES</th> <th rowspan="2">13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS</th> <th rowspan="2">14. PROPRIETARY NAME(S)</th> </tr> <tr> <th>Recover</th> <th>Screen</th> <th>Test</th> <th>Package</th> <th>Process</th> <th>Store</th> <th>Label</th> <th>Distribute</th> </tr> </thead> </table>					Types of HCT / Ps	Establishment Functions								11. HCT/Ps DESCRIBED IN 21 OF 171.10	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	Label	Distribute																																																																																																																																																																																																																																																																																																																																																											
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4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Amnio Technology, LLC 22510 N 18th Drive Phoenix, Arizona 85027 a. PHONE 888-232-8550 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Bone</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b. Cartilage</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>c. Cornea</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>d. Dura Mater</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>e. 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6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) Amnio Technology, LLC Attn: Grant D. Senner, MD 22510 N 18th Drive Phoenix, Arizona 85027 a. PHONE 888-232-8550 EXT 102																																																																																																																																																																																																																																																																																																																																																																																					
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9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Grant D. Senner, MD b. E-MAIL gsenner@amniotechnology.com c. TITLE CEO	d. DATE 30-JUN-2017																																																																																																																																																																																																																																																																																																																																																																																				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICEFOOD AND DRUG ADMINISTRATION
**ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,
AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)**

(See reverse side for instructions)

1. REGISTRATION NUMBER
(FDA Establishment Identifier)

FEI: 3011545418

2

ADDITIONAL INFORMATION:

s.

PalinGen Membrane
 PalinGen Hydromembrane
 PalinGen XPlus Membrane
 PalinGen XPlus Hydromembrane
 KardiaMembrane
 SXBarrier
 SXBarrier-Wet
 ASGBarrier
 ASGBarrier-Wet
 SuiGen Membrane
 SuiGen Hydromembrane
 SuiGen XPlus Membrane
 SuiGen XPlus Hydromembrane
 STRATOGEN Membrane
 STRATOGEN Plus Membrane
 AlonShield Dc.02/17
 AlonShield-Wet Dc.02/17
 Nanofactor Membrane Dc.12/16
 AlloShield Dc.05/15
 AlloShield Dry Dc.05/15
 XWRAP ECM Dc.01/15
 XWRAP HYDRO Dc.01/15
 XWRAP PLUS Dc.01/15
 XWRAP HYDRO PLUS Dc.01/15

Proprietary Name(s)

t.

PalinGen Flow
 PalinGen SportFlow
 PalinGen InovoFlo
 ProMatrX ACF
 KardiaFlow
 ASGFluid
 AlonLiquid
 Amnio Biologix Dc.03/17
 cell-ECT
 Gryphon Amnio Flow
 SXFluid
 SXMatrix
 AmnioFlex
 SuiGen MatrX
 SuiGen Flow
 STRATOGEN Flow
 Nanofactor Flow Dc.12/16
 Nanofactor SportFlow Dc.12/16
 AlloGen Dc.05/15
 AlloGenLI Dc.05/15
 FloGraft Dc.01/15
 FloGraft FREEDOM Dc.01/15
 ALIOPUR Dc.11/13