See Instructions for OMB Statement. FORM APPROVED:OMB No.0910-0543. Expiration Date: 6/30/2020 DEPARTMENT OF HEALTH AND HUMAN SERVICES 2. REASON FOR SUBMISSION VALIDATION--FOR FDA USE ONLY 1. REGISTRATION NUMBER PUBLIC HEALTH SERVICE VALIDATED BY FDA:01-DEC-2017 a. INITIAL REGISTRATION / LISTING (FDA Establishment Identifier) FOOD AND DRUG ADMINISTRATION DISTRICT: Minneapolis b. X ANNUAL REGISTRATION / LISTING ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, FEI: 3002199759 PRINTED BY FDA:27-JAN-2018 c. CHANGE IN INFORMATION AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions) INACTIVE PART I - ESTABLISHMENT INFORMATION PART II - PRODUCT INFORMATION 12. HCT/Ps REGULATED AS MEDICAL DEVICES 3. OTHER FDA REGISTRATIONS 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps 14. PROPRIETARY **Establishment Functions** a. BLOOD FDA 2830 NAME(S) IN 21 Types of HCT / Ps DRUGS AS NO. FEI: 3002199759 b. DEVICES FDA 2891 Recover Screen Test Package Process Store Label Distribute NO. FEI: 3002199759 c. DRUG FDA 2656 4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and X X X X X a. Bone post office code) WuXi AppTec Inc. b. Cartilage 2540 Executive Drive c. Cornea St. Paul, Minnesota 55120 d. Dura Mater e. Embryo ☐ Directed a. PHONE 651-675-2000 EXT 2055 ☐ Anonymous SATELLITE RECOVERY ESTABLISHMENT
(MANUFACTURING ESTABLISHMENT FEI NO.
TESTING FOR MICRO-ORGANISMS ONLY f. Fascia g. Heart Valve 5. ENTER CORRECTIONS TO ITEM 4 h. Ligament SIP Directed i. Oocyte 6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, Anonymous number and street, city, state, country, and post office code) WuXi AppTec Inc. j. Pericardium Attn: Sylvester Williams III k. Peripheral Autologous 2540 Executive Drive ☐ Family Related Blood Stem St. Paul, Minnesota 55120 Allogeneic I. Sclera Directed m. Semen a. PHONE 651-675-2000 **EXT 2055** Anonymous 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE n. Skin o. Somatic Cell Autologous Therapy Family Related Products 8. U.S. AGENT p. Tendon g. Umbilical Autologous
Family Related Cord Blood Allogeneic r. Vascular Graft a. E-MAL 9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Sylvester Williams III

b. E-MAIL sylvester.williams@wuxiapptec.comc. TITLE Director Regulatory Affairs

d. DATE 01-DEC-2017