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

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)		REGISTRATION NUMBER (FDA Establishment Identifier)			2. RE a. [b. [2		N / LISTIN	IG DISTRICT: Atlanta						
		FEI: 1000511606				c. [IGE IN IN			PR	PRINTED BY FDA:28-DEC-2016		
PART I - ESTABLISHMENT INFORMATION	PART II - PR							52.	응물곱;3					
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps 결혼 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등											14. PROPRIETARY		
a. BLOOD FDA 2830 NO.	Establishment Functions										Ps BEO 1.10	100	ğ Sig Si	NAME(S)
b. DEVICES FDA 2891 NO.	Types of HCT / Ps Recover				Test	Package	Process	Store	Label	Distribute	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	33. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	
c. DRUG FDA 2656 NO. FEI: 1000511606														
 PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) 	a, Bone				х						х	х		
WuXi Apptec, Inc.	b. Cartilage				x						X			
1265 Kennestone Circle Marietta, Georgia 30066	c. Comea													
	d, Dura Mater													
a. PHONE 770-514-0262 EXT 3223 b. SATELLITE RECOVERY ESTABLISHMENT MANUFACTURING ESTABLISHMENT FEI NO. c. IXI TESTING FOR MICRO-ORGANISMS ONLY	e. Embryo	SIP Directed Anonymous												·
	f. Fascia				х						х			
5. ENTER CORRECTIONS TO ITEM 4	g. Heart Valve													
	h. Ligament				х						Х			
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) WuXi AppTec, Inc. Attn: Ginger Lane 1265 Kennestone Circle Marietta, Georgia 30066	i. Oocyte	SIP Directed Anonymous												
	j. Pericardium				x						Х			
	k. Peripheral Blood Stern	☐ Autologous ☐ Family Related ☐ Allogeneic												
a. PHONE 770-514-0262 EXT 3223 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE	1, Sclera			ļ										
	m. Semen	SIP Directed Anonymous												
	n. Skin				x						х			
	o. Somatic Cell Therapy Products	Autologous Family Related Allogeneic			x								х	
8. U.S. AGENT	p. Tendon				х						Х			
	q. Umbilical Cord Blood	Autologous Family Related Allogeneic			x						х		x	
a. E-MAIL	r, Vascular Graft				х						х			
9. REPORTING OFFICIAL'S SIGNATURE	s. Amniotic Memb	rane			х			\ \			X			
a. TYPED NAME/ Ginger Lane	t													
b. E-MAIL ginger.lane@wuxiapptec.com	U,													
c. TITLE QA Director d. DATE 14-DEC-2016	v.													