

1. REGISTRATION NUMBER  
(Field Establishment Identifier)  
FEI: 3000215034

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

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)

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)

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)  
Southern Eye Bank  
2701 Kingman Street  
Suite 200  
Metairie, Louisiana 70006

a. PHONE 504-891-3937 EXT \_\_\_\_\_  
b.  SATELLITE RECOVERY ESTABLISHMENT  
(MANUFACTURING ESTABLISHMENT FEI NO. \_\_\_\_\_)  
c.  TESTING FOR MICRO-ORGANISMS ONLY


5. ENTER CORRECTIONS TO ITEM 4

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)  
Southern Eye Bank  
Attn: Ken W. Steward, CEPT  
2701 Kingman Street  
Suite 200  
Metairie, Louisiana 70006

a. PHONE 504-891-3937 EXT \_\_\_\_\_  
b. PHONE \_\_\_\_\_

7. ENTER CORRECTIONS TO ITEM 6

8. U.S. AGENT  
a. E-MAIL \_\_\_\_\_  
b. TYPED NAME Ken W. Steward, CEPT  
c. E-MAIL ksteward@southerneye.net  
d. DATE 15-NOV-2010

9. REPORTING OFFICIAL'S SIGNATURE  
  
a. TYPED NAME Ken W. Steward, CEPT  
b. E-MAIL ksteward@southerneye.net  
c. TITLE Assist. Executive Director/QA Director  
d. DATE 15-NOV-2010