

1. REGISTRATION NUMBER
 (Field Establishment Identifier)
 FEI: 3007203928

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)

PART I - ESTABLISHMENT INFORMATION		PART II - PRODUCT INFORMATION												
3. OTHER FDA REGISTRATIONS		10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps												
a. BLOOD FDA 2830 NO. FEI: 3007203928		Establishment Functions												
b. DEVICES FDA 2891 NO. _____		Recover	Screen	Test	Package	Process	Store	Label	Distribute	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)
c. DRUG FDA 2656 NO. _____		Types of HCT / Ps												
4. PHYSICAL LOCATION (include legal name, number and street, city, state, country, and post office code)														
LABS - NorthEast 401 North 3rd Street Suite 279 Philadelphia, Pennsylvania 19123														
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)														
LABS, Inc Attn: Ann V. Niedzinski 6933-B South Revere Parkway Centennial, Colorado 80112														
7. ENTER CORRECTIONS TO ITEM 6														
a. PHONE 720-528-4774 EXT _____														
b. PHONE _____														
8. U.S. AGENT														
9. REPORTING OFFICIAL'S SIGNATURE														
a. TYPED NAME Ann V. Niedzinski														
b. E-MAIL ann_niedzinski@labs-inc.org														
c. TITLE Director, Regulatory and Quality														
d. DATE 20-DEC-2011														