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| FEI: 301462 | 3201 | | | | | | Pr | e-Confirmation | Number | : 64578 | | |
|------------------------------------|---------------------------------------|--------------------|------------|----------|---------------|----------|-------|-----------------|-----------|---------|--|--|
| Legal Name | : Lucina B | ioSciences, LLC | | | | | | Todays I | Date: 02/ | 19/2024 | | |
| Registration | Address | Reporting Official | U.S. Agent | Importer | HCT/P Listing | Function | Donor | Additional Info | Report | Save | | |
| eHCTERS - Registration Information | | | | | | | | | | | | |
| | Preview your Registration Information | | | | | | | | | | | |

THIS INFORMATION HAS NOT BEEN SUBMITTED TO THE FDA PLEASE REVIEW YOUR REGISTRATION INFORMATION PRESS THE "SUBMIT TO FDA" BUTTON at the bottom of the page TO CONTINUE

Note: The registration information has been saved but not submitted to the FDA. Unfinished submissions are accessible for 30 days. If the registration is not completed and submitted in that period, data will be archived and will not be accessible.

Your Pre-Confirmation Number is 64578

Enter this number on the main screen to access your unfinished submission.

FEI: 3014623201

Reason for Submission

Initial Registration/Listing

□ Blood □ Initial Registration/Listing
□ Devices □ Annual Registration/Listing
□ Drug □ Change in Information
□ In-Activate Registration

Physical Location

Other FDA Registrations

Legal Name: Lucina BioSciences, LLC Street Address: 14707 E 2nd Avenue GL150

CO
City: Aurora
State: Colorado
Postal Code: 80011

Country: UNITED STATES
Phone: 303-954-0034 ext.

Reporting Official Information

First Name: Tracee Last Name: Gruber

Title: Chief Operating Officer
Phone: 303-954-0034 Ext.

E-Mail Address: tgruber@lucinabio.org

Mailing Address of Reporting Official

Institution Name: Lucina BioSciences, LLC
Street Address: 14707 E 2nd Avenue GL150

CO
City: Aurora
State: Colorado
Postal Code: 80011

Country: UNITED STATES

HCT/P Listing Information

| Types of HCT/Ps | HCT/Ps Described in 21 CFR 1271.10 | Date of Discontinuance (mm/dd/yyyy) | Proprietary Names |
|-------------------|--|-------------------------------------|-----------------------------|
| Amniotic Membrane | X | | Procenta, proMATRIX, ProSTA |
| | | | |

| | | , , | |
|------------------------------|---|-----|--|
| Blood Vessel | | | |
| Bone | | | |
| Cardiac Tissue - non-valved | | | |
| Cartilage | | | |
| Cornea | | | |
| Dura Mater | | | |
| Embryo | | | |
| Fascia | | | |
| Heart Valve | | | |
| HPC Apheresis | | | |
| HPC Cord Blood | | | |
| Ligament | | | |
| Nerve Tissue | | | |
| Oocyte | | | |
| Ovarian Tissue | | | |
| Pancreatic Islet Cells - | | | |
| autologous | | | |
| Parathyroid | | | |
| Pericardium | | | |
| Peripheral Blood Mononuclear | | | |
| Cells | | | |
| Peritoneal Membrane | | | |
| Sclera | | | |
| Semen | | | |
| Skin | | | |
| Tendon | | | |
| Testicular Tissue | | | |
| Tooth Pulp | | | |
| Umbilical Cord Tissue | Х | | |

HCT/P Listing - Function Information

| Types of HCT/Ps | Recover | Screen | Donor Testing | Package | Process | Store | Label | Distribute |
|-------------------------------------|---------|----------|---------------|------------------|------------|-------|-------|------------------|
| Amniotic Membrane | | € | | lacktriangledown | lacksquare | V | ے | lacktriangledown |
| Blood Vessel | | | | | | | | |
| Bone | | | | | | | | |
| Cardiac Tissue - non-valved | | | | | | | | |
| Cartilage | | | | | | | | |
| Cornea | | | | | | | | |
| Dura Mater | | | | | | | | |
| Embryo | | | | | | | | |
| Fascia | | | | | | | | |
| Heart Valve | | | | | | | | |
| HPC Apheresis | | | | | | | | |
| HPC Cord Blood | | | | | | | | |
| Ligament | | | | | | | | |
| Nerve Tissue | | | | | | | | |
| Oocyte | | | | | | | | |
| Ovarian Tissue | | | | | | | | |
| Pancreatic Islet Cells - autologous | | | | | | | | |
| Parathyroid | | | | | | | | |
| Pericardium | | | | | | | | |
| Peripheral Blood Mononuclear Cells | | | | | | | | |
| Peritoneal Membrane | | | | | | | | |
| Sclera | | | | | | | | |
| Semen | | | | | | | | |
| Skin | | | | | | | | |
| Tendon | | | | | | | | |
| Testicular Tissue | | | | | | | | |
| Tooth Pulp | | | | | | | | |
| Umbilical Cord Tissue | | V | | V | € | V | V | |

HCT/P Listing - Donor Information

| Types of HCT/Ps | SIP | Directed | Anonymous | Autologous | Family Related |
|------------------------------------|-----|----------|-----------|------------|----------------|
| Embryo | | | | | |
| HPC Apheresis | | | | | |
| HPC Cord Blood | | | | | |
| Oocyte | | | | | |
| Peripheral Blood Mononuclear Cells | | | | | |
| Semen | | | | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES AND CELLULAR AND TISSUE-BASED PRODUCTS (eHCTERS)

eHCTERS v02.13.01 Updated 10/13/2023

OMB Control Number 0910-0543; Expiration Date 08/31/2026

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