

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  
DESCRIBED IN 21 CFR 1271.10**

FEI: 3007952886

**Other FDA Registrations:**  
**Blood:**  
**Devices:** FEI: 0010061463  
**Drugs:**

Reason For Last Submission: Annual Registration/Listing  
Last Annual Registration Year: 2023  
Last Registration Receipt Date: 07/28/2023  
Summary Report Print Date: 11/15/2023

**Legal Name and Location:**

Parametrics Medical, LLC  
1501 Leander Dr  
Suite 140

Leander, Texas 78641  
USA

Phone: 512-574-0886

Ext.:

**Reporting Official:**

Eileen Bowker, Director of Quality  
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Phone: 512-574-0886 Ext.  
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**Satellite Recovery Establishment:**

No

**Parent Manufacturing Establishment FEI No.:**

**Testing For Micro-Organisms Only:**

No

Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).

| HCT/P(s)                            | Donor Type(s) | Establishment Functions |        |               |         |         |       |       |            | Date of Discontinuance | Date of Resumption | Proprietary Name(s)           |
|-------------------------------------|---------------|-------------------------|--------|---------------|---------|---------|-------|-------|------------|------------------------|--------------------|-------------------------------|
|                                     |               | Recover                 | Screen | Donor Testing | Package | Process | Store | Label | Distribute |                        |                    |                               |
| Amniotic Membrane                   |               |                         |        |               |         |         | X     | X     | X          |                        |                    | Restorigin, Procenta          |
| Blood Vessel                        |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Bone                                |               |                         |        |               |         |         | X     | X     | X          |                        |                    | Osteosource                   |
| Cardiac Tissue - non-valved         |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Cartilage                           |               |                         |        |               |         |         | X     | X     | X          |                        |                    |                               |
| Cornea                              |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Dura Mater                          |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Embryo                              |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Fascia                              |               |                         |        |               |         |         | X     | X     | X          |                        |                    |                               |
| Heart Valve                         |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| HPC Apheresis                       |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| HPC Cord Blood                      |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Ligament                            |               |                         |        |               |         |         | X     | X     | X          |                        |                    | NoRad, LoRad, Coll-e-Strong   |
| Nerve Tissue                        |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Oocyte                              |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Ovarian Tissue                      |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Pancreatic Islet Cells - autologous |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Parathyroid                         |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Pericardium                         |               |                         |        |               |         |         | X     | X     | X          |                        |                    |                               |
| Peripheral Blood Mononuclear Cells  |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Peritoneal Membrane                 |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Sclera                              |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Semen                               |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Skin                                |               |                         |        |               |         |         | X     | X     | X          |                        |                    | Coll-e-Derm, Dermis On Demand |
| Tendon                              |               |                         |        |               |         |         | X     | X     | X          |                        |                    | NoRad, LoRad, Coll-e-Strong   |
| Testicular Tissue                   |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Tooth Pulp                          |               |                         |        |               |         |         |       |       |            |                        |                    |                               |
| Umbilical Cord Tissue               |               |                         |        |               |         |         |       |       |            | 12-JAN-23              |                    |                               |

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Legal Name:

Parametrics Medical, LLC

FDA information collection OMB Control number: 0910-0543, expiration date: 08/31/2026

**Additional Information:** Procenta- Store and Distribute only

**Proprietary Name(s):**

FEI: 3007952886

Legal Name:

Parametrics Medical, LLC