

**HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query  
Establishment Details**

Establishment Name and Location

Current Status: Registered  
 Last Annual Registration Year: 2022  
 FDA Establishment Identifier (FEI): 3000718538  
 Establishment Name: Lions Gift of Sight  
 Address: 1000 Westgate Drive  
 Suite 260  
 City: St. Paul  
 State: Minnesota  
 Zip: 55114  
 Country: UNITED STATES  
 Phone: 612-625-5159

Establishment Functions

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

Establishment HCT/P Listing

Types of HCT/Ps	HCT/Ps Described in 21 CFR 1271.10	Proprietary Names
Amniotic Membrane		
Blood Vessel	X	
Bone	X	
Cardiac Tissue - non-valved	X	
Cartilage	X	
Cornea	X	
Dura Mater		
Embryo		
Fascia	X	
Heart Valve	X	
HPC Apheresis		
HPC Cord Blood		
Ligament	X	
Nerve Tissue		
Oocyte		
Ovarian Tissue		
Pancreatic Islet Cells - autologous		
Parathyroid		
Pericardium	X	
Peripheral Blood Mononuclear Cells		
Peritoneal Membrane		
Sclera	X	
Semen		
Skin	X	
Tendon	X	
Testicular Tissue		
Tooth Pulp		
Umbilical Cord Tissue		

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					

Print Date: 04/12/2022