



Contract Establishment Agreement

Facility Name:

Facility Address:

City, State Zip Code:

This agreement is to document facilities with which *Facility Name:* _____ contracts in the processing, production, handling, testing, transport, or storage of HCT/Ps.

Establishment Name: Fairfax EggBank, Inc. ("FEB")

Address: 3015 Williams Drive

Address: Fairfax, VA 22031

Phone: 888.352.5577

This facility: Is not required to hold a CLIA license

Holds a current CLIA license

This facility is not registered with the FDA as a HCT/P establishment

This facility is currently registered with the FDA as a HCT/P establishment

Registration Number: 3003140045

FDA establishment registration functions include:

Recover Screen Test * Package Store Label Distribute

* While FEB does not directly perform "testing," we do contract with an FDA-registered, CLIA-licensed testing facility that uses only FDA-approved screening tests for donor testing. Tests are conducted and interpreted as per manufacturer recommendations.

Facility Name: _____ agrees to notify FEB within 48 hours of any finding from an audit or inspection involving HCT/Ps distributed by FEB.

I agree FEB will maintain FDA registration for HCT/Ps as required, will remain compliant with all regulations governing the manufacture of HCT/Ps and will notify *Facility Name:* _____ within 5 business days of any change in our status.

Responsible Person Printed Name: _____

Responsible Person Signature: _____ **Date:** _____
