



[FDA Home Page](#) | [Contact eHCTERS Technical Support](#)

## HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query

### Establishment Details

#### Establishment Name and Location

Current Status: Registered  
Last Annual Registration Year: 2024  
FDA Establishment Identifier (FEI): 1000477683  
Establishment Name: Eurofins Donor & Product Testing, Inc. Denver  
Address: 6933 South Revere Parkway  
City: Centennial  
State: Colorado  
Zip: 80112  
Country: UNITED STATES  
Phone: 855-875-5227 ext. 803

#### Establishment Functions

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

Testicular Tissue			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Tooth Pulp			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Umbilical Cord Tissue			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

#### Establishment HCT/P Listing

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

#### HCT/P Listing - Donor Information

Types of HCT/Ps	SIP	Directed	Anonymous	Autologous	Family Related
Embryo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
HPC Apheresis				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HPC Cord Blood				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oocyte	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Peripheral Blood Mononuclear Cells				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Semen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Print Date: 02/13/2024

[Print This Page](#)

[Back To Query Criteria Screen](#)

[Back To Query Results Screen](#)

[Exit](#)

eHCTERS v02.13.00

Updated 10/13/2023

[Contact eHCTERS Technical Support](#) | [Online Help](#) | [Release Notes](#)

---

[Contact CBER](#) | [Contact FDA](#) | [Privacy](#)

[FDA Home Page](#) | [Accessibility](#) | [HHS Home Page](#) | [Vulnerability Disclosure Policy](#)

FDA / Center for Biologics Evaluation and Research