



**eHCTERS - Registration Information**

**Submitted Registration Information**

This information has been submitted to the FDA  
 Please Remember Your Confirmation Number to Reference this registration submission  
**YOUR CONFIRMATION NUMBER IS: 53345**  
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FEI: 3012622594

Other FDA Registrations

- Blood
- Devices
- Drug

Reason for Submission

- Initial Registration/Listing
- Annual Registration/Listing
- Change in Information
- In-Activate Registration

**Physical Location**

Legal Name: Harbinger Medical Group L.L.C dba Tides Medical  
 Street Address: 605 Kaliste Saloom Road  
 Suite H  
 City: Lafayette  
 State: Louisiana  
 Postal Code: 70508  
 Country: UNITED STATES  
 Phone: 443-613-2475 ext.

Satellite Recovery Establishment: Yes

Parent Manufacturing Establishment FEI No.: 3010125671

**Reporting Official Information**

First Name: Benjamin  
 Last Name: Kimball  
 Title: VP Quality & Regulatory Affairs  
 Phone: 337-326-0625 Ext.  
 E-Mail Address: bkimball@tidesmedical.com

**Mailing Address of Reporting Official**

Institution Name: Tides Medical  
 Street Address: 605 Kaliste Saloom Rd  
 Suite H  
 City: Lafayette  
 State: Louisiana  
 Postal Code: 70508  
 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) | Date of Resumption (mm/dd/yyyy) | Proprietary Names |
|-----------------|------------------------------------|-------------------------------------|---------------------------------|-------------------|
|                 |                                    |                                     |                                 |                   |



|                       |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|
| Tendon                |  |  |  |  |  |  |  |  |
| 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                              |     |          |           |            |                |

Select New Establishment

CBER On-Line Main Menu

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 v02.13.00  
 Updated 11/20/2020

FDA information collection OMB Control number: 0910-0543  
 Expiration Date: 07/31/2023

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