

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER  
FEI: 3004509482  
CFN:  
2. U.S. LICENSE NUMBER  
2069

3. REASON FOR SUBMISSION  
1.  ANNUAL REGISTRATION  
2.  INITIAL REGISTRATION  
3.  CHANGE IN INFORMATION



FOR FDA USE ONLY  
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This form is authorized by Sections 510(b), (l) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (l) and 374). Failure to report this information is a violation of Section 301(f) and (p) of the Act (Title 21, United States Code 331(f) and (p)) and can result in a fine of up to \$1,000 or imprisonment up to one year or both, pursuant to Section 303(a) of the Act (Title 21, United States Code 333(a)).

DISTRICT OFFICE: Dallas  
VALIDATED BY FDA: 22-FEB-2017  
PRINTED BY FDA: 22-FEB-2017

PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your legal name or actual location in item 4, and any changes in your mailing address in item 6. Print all entries and make all corrections in red ink, if possible. Enter your phone number in item 8.3 and the phone number of your actual location in item 4.1. Sign the form and return to FDA. After validation, you will receive your Official Registration for the ensuing year.

ENTER ALL CHANGES IN RED INK AND CIRCLE.

4. LEGAL NAME AND LOCATION (include legal name, number and street, city, state, country, and post office code)  
  
We Are Blood  
2132 North Mays  
Suite 900  
Round Rock, TX 78664

4.1. PHONE 512-206-1266

6. OTHER NAMES USED AT THIS LOCATION (include trade name, doing-business-as, previous names, and other firms co-located. If applicable, include registration number.)  
We Are Blood

6. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and post office code)  
We Are Blood  
ATTN: Wendy R. Bailey, QA Compliance Manager  
4300 North Lamar Boulevard  
Austin, TX 78756

7. U.S. AGENT (include name, institution name if applicable, number and street, city, state, and zip code)

7.1 E-MAIL ADDRESS  
7.2 PHONE

8. REPORTING OFFICIAL'S SIGNATURE

8.1 TYPED NAME Wendy R. Bailey, QA Compliance Manager  
8.2 E-MAIL ADDRESS wbailey@wearblood.org  
8.3 PHONE 512-206-1134  
8.4 DATE 08-22-17

9. TYPE OF OWNERSHIP  
1.  SINGLE PROPRIETORSHIP  
2.  PARTNERSHIP  
3.  CORPORATION profit non-profit  
4.  COOPERATIVE ASSOCIATION  
5.  FEDERAL (non-military)  
6.  U.S. MILITARY  
7.  STATE  
8.  COUNTY/MUNICIPAL/HOSPITAL AUTHORITY  
9.  OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)  
1.  COMMUNITY (NON-HOSPITAL) BLOOD BANK  
2.  HOSPITAL BLOOD BANK  
3.  PLASMAPHERESIS CENTER  
4.  PRODUCT TESTING LABORATORY  
a.  INDEPENDENT  
b.  ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK  
5.  HOSPITAL TRANSFUSION SERVICE  
a.  APPROVED FOR MEDICARE REIMBURSEMENT  
b.  NOT APPROVED FOR MEDICARE REIMBURSEMENT  
6.  COMPONENT PREPARATION FACILITY  
7.  COLLECTION FACILITY  
8.  DISTRIBUTION CENTER  
9.  BROKER/WAREHOUSE  
10.  OTHER (Specify):  
U.S. LICENSE NUMBER OF PARENT FIRM: 2069

11. PRODUCTS	<input checked="" type="checkbox"/> ALLOGENIC	<input type="checkbox"/> AUTOLOGOUS	<input type="checkbox"/> DIRECTED	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE and DISTRIBUTE to OTHERS (9)
WHOLE BLOOD				1								
RED BLOOD CELLS (RBC)				2		X		X				
RBC FROZEN				3								
RBC DEGLYCEROLIZED				4								
RBC RELUVENATED				5								
RBC RELUVENATED FROZEN				6								
RBC RELUVENATED DEGLYCEROLIZED				7								
CRYOPRECIPITATED AHF				8								
PLATELETS				9		X		X				
LEUKOCYTES/GRANULOCYTES				10								
PLASMA				11								
PLASMA CRYOPRECIPITATE REDUCED				12								
FRESH FROZEN PLASMA				13				X				
LIQUID PLASMA				14								
THERAPEUTIC EXCHANGE PLASMA				15								
SOURCE LEUKOCYTES				16								
SOURCE PLASMA				17								
RECOVERED PLASMA				18								
BLOOD PRODUCTS FOR DIAGNOSTIC USE				19								
BLOOD BANK REAGENTS				20								
OTHER				21								