1. REGISTRATION NUMBER

FEI: 3011873059

CFN:

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

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, PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your

This form is authorized by Sections 510(b), (j) 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) and cat (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 33.3(a)). 2. U.S. LICENSE NUMBER

.2 INITIAL REGISTRATION .3 M CHANGE IN INFORMATI

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

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

Constitution to the Man salidation, for the sector for Chinai well-and mo-	of the Act (Time AT, Office Office Code 30:0(a))					770	10001.	77-71	/ 107-CF	
ENTER ALL CHANGES IN RED INK AND CIRCLE.	9. TYPE OF OWNERSHIP		10. TYPE E	STABLIS	IMENT (C	heck all box	es that descr	10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)	utologous o	verations.)
 LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code) 	.1 SINGLE PROPRIETORSHIP			COMMUNITY (NON-HOSPITAL) BLOOD BANK	NON-HOSP	ITAL) BLOO	DBANK			
	350 CORPORATION profit non-profit	K	3 C	PLASMAPHERESIS CENTER	ESIS CENT	Я				
We Are Blood	SSOCIATION			PRODUCT TESTING LABORATORY	STING LABO	DRATORY				
3100 West Slaughter Lane	.5 FEDERAL (non-military)		ès I	INDEPENDENT	DENT					
Suite A-106	.6 U.S. MILITARY			ASSOCIA	TED W CO	MMUNITY	OF HOSPITAL	ASSOCIATED W/ COMMUNITY of HOSPITAL BLOOD BANK		
Austin, TX 78748	.7 STATE		P [APPROVED FOR MEDICARE R	ED FOR ME	DICARE RE	APPROVED FOR MEDICARE REIMBURSEMENT	Ÿ		
	.8 COUNTY/MUNICIPAL/HOSPITAL AUTHORITY	ary.		NOT APP	ROVED FO	R MEDICAF	NOT APPROVED FOR MEDICARE REIMBURSEMENT	SEMENT		
A A DHONG	.9 COTHER (Specify):		KL	COMPONENT PREPARATION FACILITY COLLECTION FACILITY	PREPARAT	ION FACILIT	~			
4.1 PHONE				DISTRIBUTION CENTER	CENTER		U.S. LICE	U.S. LICENSE NUMBER OF PARENT FIRM	IF PARENT FI	2
6. OTHER NAMES USED AT THIS LOCATION (Include trade name, doing-business- as, previous names, and other firms co-located. If applicable, include registration			.10 is	OTHER (Specify):	fy):					
number.)										
We Are Blood	11. PRODUCTS	COLLECT M	MANUAL AUT	AUTOMATED PR	PREPARE LEU	LEUKOCYTES IRRADIATED	RRADIATED	DONOR	TEST	STORE and
	ALLOGENEIC AUTOLOGOUS DIRECTED	3	<u>Q</u>	<u>5</u>	3	<u>.</u> 9	(8)	9	(å)	(e)
applicable, number and street, city, state, country, and post office code)	WHOLE BLOOD 1	×								
We Are Blood	RED BLOOD CELLS (RBC) 2			×		×				
ATTN: Wendy Bailey	RBC FROZEN 3									
4300 North Lamar Blvd.	RBC DEGLYCEROLIZED 4									
Austin, TX 78756	RBC REJUVENATED 5									
	RBC REJUVENATED FROZEN 6									
	RBC REJUVENATED DEGLYCEROLIZED 7	1000000000000000000000000000000000000								
	CRYOPRECIPITATED AHF 8	THE REAL PROPERTY.								
7. U.S. AGENT (Include name, institution name if applicable, number and street city,	PLATELETS 9			×		×		Maria Control		
state, and zip code)	LEUKOCYTES/GRANULOCYTES 10					The state of the s				
	PLASMA 11									
	PLASMA CRYOPRECIPITATE REDUCED 12									
	FRESH FROZEN PLASMA 13			×						
	LIQUID PLASMA 14							SPECIAL SECTION AND ADDRESS OF THE PERSON AN		
	THERAPEUTIC EXCHANGE PLASMA 15						No. To come			
7.1 E-MAIL ADDRESS	SOURCE LEUKOCYTES 16									
7.2 PHONE	SOURCE PLASMA 17					No. of Contract of				
8. REPORTING OFFICIAL'S SIGNATURE	RECOVERED PLASMA 18									
1	BLOOD PRODUCTS FOR DIAGNOSTIC USE 19							S Balleton		
ころであってく	BLOOD BANK REAGENTS 20									
8.1 TYPED NAME Wendy Bailey	OTHER 21									
8.2 E-MAIL ADDRESS										

8.3 PHONE 8.2 E-MAIL ADDRESS