FORM APPROVED: OMB No. 0910-0052. Expiration Date: May 31, 2018. See instructions for OMB Statement.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER
FEI: 1671794
CFN: 1671794

2. U.S. LICENSE NUMBER
2069

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

FOR FDA USE ONLY

DISTRICT OFFICE: Dallas
VALIDATED BY FDA: 15-DEC-2017
PRINTED BY FDA: 08-JAN-2018

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.

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), (j) 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 33.3(a)).

4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)

We Are Blood
4300 North Lamar Boulevard
Austin, TX 78756-3421

4.1 PHONE 512-206-1266

5. 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 Bailey
4300 N. Lamar Boulevard
Austin, TX 78756-3421

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

Wendy Bailey 01-09-18

8.1 TYPED NAME Wendy Bailey
8.2 E-MAIL ADDRESS wbailey@weareblood.org
8.3 PHONE 512-206-1134 8.4 DATE

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
  ___ ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
.5 ☐ HOSPITAL TRANSFUSION SERVICE
  a. ___ APPROVED FOR MEDICARE REIMBURSEMENT
  ___ NOT APPROVED FOR MEDICARE REIMBURSEMENT
.6 ☐ COMPONENT PREPARATION FACILITY
.7 ☐ COLLECTION FACILITY
.8 ☐ DISTRIBUTION CENTER
  } U.S. LICENSE NUMBER OF PARENT FIRM
.9 ☐ BROKER/WAREHOUSE
.10 ☐ OTHER (Specify) : _____

11. PRODUCTS

☒ ALLOGENEIC	☒ AUTOLOGOUS	☒ 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	X				X	X		X	X
RED BLOOD CELLS (RBC)			2			X	X	X	X		X	X
RBC FROZEN			3				X	X			X	X
RBC DEGLYCEROLIZED			4				X	X			X	X
RBC REJUVENATED			5									
RBC REJUVENATED FROZEN			6									
RBC REJUVENATED DEGLYCEROLIZED			7									
CRYOPRECIPITATED AHF			8				X				X	X
PLATELETS			9			X	X	X	X		X	X
LEUKOCYTES/GRANULOCYTES			10									X
PLASMA			11									
PLASMA CRYOPRECIPITATE REDUCED			12				X				X	X
FRESH FROZEN PLASMA			13			X	X				X	X
LIQUID PLASMA			14				X		X		X	X
THERAPEUTIC EXCHANGE PLASMA			15									
SOURCE LEUKOCYTES			16									
SOURCE PLASMA			17									
RECOVERED PLASMA			18				X				X	X
BLOOD PRODUCTS FOR DIAGNOSTIC USE			19									
BLOOD BANK REAGENTS			20									
OTHER			21									