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| DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | FEI: 1671794 DUNS: 010553501 U.S. License Number: 2069 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Dallas VALIDATED BY FDA: 12/03/2019 |
| LEGAL NAME AND LOCATION: We Are Blood 4300 North Lamar Boulevard Austin, TX 78756-3421 USA 512-206-1266 | REPORTING OFFICIAL: Wendy Bailey We Are Blood 4300 N. Lamar Boulevard Austin, TX 78756-3421 USA 512-206-1134 wbailey@weareblood.org <i>WBA 01-10-2020</i> | | U.S. AGENT: |
| OTHER NAMES USED IN THIS LOCATION: Central Texas Regional Blood and Tissue Center; We Are Blood | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED | | ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK |

| PRODUCT | COLLECT | MANUAL APHERESIS | AUTOMATED APHERESIS | PREPARE | LEUKOCYTES REDUCED | IRRADIATED | DONOR RETESTED | TEST | STORE AND DISTRIBUTE TO OTHERS | BACTERIAL TESTING | PATHOGEN REDUCED | POOLED |
|---------------------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD | X | | | | X | X | | X | X | | | |
| RED BLOOD CELLS (RBC) | | | X | X | X | X | | X | X | | | |
| RBC FROZEN | | | | X | X | | | X | X | | | |
| RBC DEGLYCEROLIZED | | | | X | X | | | X | X | | | |
| RBC WASHED | | | | X | | X | | | | | | |
| CRYOPRECIPITATED AHF | | | | X | | | | X | X | | | X |
| PLATELETS | | | X | X | X | X | | X | X | X | | X |
| GRANULOCYTES | | | | | | | | | X | | | |
| FRESH FROZEN PLASMA | | | X | X | | | | X | X | | | |
| PLASMA CRYOPRECIPITATED REDUCED | | | | X | | | | X | X | | | |

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|------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| LIQUID PLASMA | | | | X | | X | | X | X | | | |
| RECOVERED PLASMA | | | | X | | | | X | X | | | |

***** End Of Report *****