

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

**1. REGISTRATION NUMBER**  
FEI: 1073000  
CFN: 1073000  
**2. U.S. LICENSE NUMBER**  
190

**3. REASON FOR SUBMISSION**  
 ANNUAL REGISTRATION  
 INITIAL REGISTRATION  
 CHANGE IN INFORMATION

FOR FDA USE ONLY

26



DISTRICT OFFICE: Atlanta  
VALIDATED BY FDA: 11-DEC-2008  
PRINTED BY FDA: 11-DEC-2008

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.

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)).

**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)

American National Red Cross (The)  
Southern Region  
9851 Commerce Way  
Douglasville, GA 30135

4.1 PHONE 770-852-4000

**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.)

Douglasville Blood Processing Center

**6. MAILING ADDRESS OF REPORTING OFFICIAL** (Include institution name if applicable, number and street, city, state, country, and post office code)

American National Red Cross (The)  
ATTN: Stephen J. Kassapian, Director, Regulatory Affairs  
2025 E Street NW  
Washington, DC 20006

**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 Stephen J. Kassapian, Director, Regulatory Affairs

8.2 E-MAIL ADDRESS kassapia@usa.redcross.org

8.3 PHONE 202-303-5829

8.4 DATE

**9. TYPE OF OWNERSHIP**

- SINGLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION profit\_\_\_ non-profit\_\_\_
- COOPERATIVE ASSOCIATION
- FEDERAL (non-military)
- U.S. MILITARY
- STATE
- COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
- OTHER (Specify):

**10. TYPE ESTABLISHMENT** (Check all boxes that describe routine or autologous operations.)

- COMMUNITY (NON-HOSPITAL) BLOOD BANK
- HOSPITAL BLOOD BANK
- PLASMAPHERESIS CENTER
- PRODUCT TESTING LABORATORY
  - a. \_\_\_ INDEPENDENT
  - \_\_\_ ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
- HOSPITAL TRANSFUSION SERVICE
  - a. \_\_\_ APPROVED FOR MEDICARE REIMBURSEMENT
  - \_\_\_ NOT APPROVED FOR MEDICARE REIMBURSEMENT
- COMPONENT PREPARATION FACILITY
- COLLECTION FACILITY
- DISTRIBUTION CENTER
- BROKER/WAREHOUSE
- OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM

**11. PRODUCTS**

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