

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

1. REGISTRATION NUMBER

FEI: 1570984

CFN: 1570984

2. U.S. LICENSE NUMBER

394

3. REASON FOR SUBMISSION

- .1 ANNUAL REGISTRATION
- .2 INITIAL REGISTRATION
- .3 CHANGE IN INFORMATION

FOR FDA USE ONLY

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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)).

DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 30-DEC-2009
PRINTED BY FDA: 30-DEC-2009

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)

Community Blood Center
349 S. Main Street
Dayton, OH 45402-2715

4.1 PHONE 937-461-3450 x3610

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.)

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
- .9 BROKER/WAREHOUSE
- .10 OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM

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

Community Blood Center
ATTN: David M. Smith, CEO/Medical Director
349 South Main Street
Dayton, OH 45402-2715

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 David M. Smith, CEO/Medical Director

8.2 E-MAIL ADDRESS dsmith@cbcts.org

8.3 PHONE 937-461-3450 x3610

8.4 DATE

11. PRODUCTS	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	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RED BLOOD CELLS (RBC)	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RBC FROZEN	3			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RBC DEGLYCEROLIZED	4			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RBC REJUVENATED	5								
RBC REJUVENATED FROZEN	6								
RBC REJUVENATED DEGLYCEROLIZED	7								
CRYOPRECIPITATED AHF	8			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PLATELETS	9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LEUKOCYTES/GRANULOCYTES	10		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PLASMA	11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PLASMA CRYOPRECIPITATE REDUCED	12		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FRESH FROZEN PLASMA	13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIQUID PLASMA	14								
THERAPEUTIC EXCHANGE PLASMA	15								
SOURCE LEUKOCYTES	16								
SOURCE PLASMA	17								
RECOVERED PLASMA	18			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BLOOD PRODUCTS FOR DIAGNOSTIC USE	19	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BLOOD BANK REAGENTS	20								
OTHER	21								