

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 PUBLIC HEALTH SERVICE  
 FOOD AND DRUG ADMINISTRATION  
**ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES,  
 AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/PS)**  
 (See reverse side for instructions)

**1. REGISTRATION NUMBER**  
 (FDA Establishment Identifier)  
 FEI: 0002377008

**2. REASON FOR SUBMISSION**  
 a.  INITIAL REGISTRATION / LISTING  
 b.  ANNUAL REGISTRATION / LISTING  
 c.  CHANGE IN INFORMATION  
 d.  INACTIVE

VALIDATION—FOR FDA USE ONLY  
 VALIDATED BY FDA-22-DEC-2016  
 DISTRICT: New Orleans  
 PRINTED BY FDA-28-DEC-2016

**PART II - PRODUCT INFORMATION**  
**10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps**

Types of HCT / Ps	Establishment Functions						14. PROPRIETARY NAME(S)												
	Recover	Screen	Test	Package	Process	Store		Label	Distribute										
a. Bone																			
b. Cartilage																			
c. Cornea																			
d. Dura Mater																			
e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous																			
f. Fascia																			
g. Heart Valve																			
h. Ligament																			
i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous																			
j. Pericardium																			
k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic																			
l. Sclera																			
m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous																			
n. Skin																			
o. Somatic Cell Therapy Products <input checked="" type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic																			
p. Tendon																			
q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic																			
r. Vascular Graft																			
s.																			
t.																			
u.																			
v.																			

**PART I - ESTABLISHMENT INFORMATION**  
**3. OTHER FDA REGISTRATIONS**  
 a. BLOOD FDA 2830 NO. FEI: 0002377008  
 b. DEVICES FDA 2891 NO.  
 c. DRUG FDA 2656 NO.

**4. PHYSICAL LOCATION** (include legal name, number and street, city, state, country, and post office code)  
 The Blood Center Metairie Donor Center  
 2617 Edenborn, Suite A  
 Metairie, Louisiana 70002

**5. ENTER CORRECTIONS TO ITEM 4**  
 a. PHONE 504-887-2833 EXT  
 b.  SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO.)  
 c.  TESTING FOR MICRO-ORGANISMS ONLY

**6. MAILING ADDRESS OF REPORTING OFFICIAL** (include institution name if applicable, number and street, city, state, country, and post office code)  
 The Blood Center  
 Attn: Lucretia Boudreaux, MT(ASCP) CQA (ASQ)  
 1310 J.W. Davis Drive  
 Hammond, Louisiana 70403

**7. ENTER CORRECTIONS TO ITEM 6**  
 a. PHONE 985-340-2323 EXT  
 b. PHONE

**8. U.S. AGENT**  
 a. E-MAIL  
 b. PHONE

**9. REPORTING OFFICIAL'S SIGNATURE**  
*Lucretia Boudreaux*  
 a. TYPED NAME Lucretia Boudreaux, MT(ASCP) CQA (ASQ)  
 b. E-MAIL lboudreaux@thebloodcenter.org  
 c. TITLE Director, QA and Compliance  
 d. DATE 21-DEC-2016