


DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING		1. REGISTRATION NUMBER FEI: 2374536 CFN: 2374536 <hr/> 2. U.S. LICENSE NUMBER 354	3. REASON FOR SUBMISSION .1 <input checked="" type="checkbox"/> ANNUAL REGISTRATION .2 <input type="checkbox"/> INITIAL REGISTRATION .3 <input type="checkbox"/> CHANGE IN INFORMATION	FOR FDA USE ONLY 																																																																																																																																																																																																																																																										
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)).																																																																																																																																																																																																																																																												
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Blood Center (The) 2609 Canal Street New Orleans, LA 70119 4.1 PHONE 504-524-1322		10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations)																																																																																																																																																																																																																																																												
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.)		.1 <input type="checkbox"/> COMMUNITY (NON-HOSPITAL) BLOOD BANK .2 <input type="checkbox"/> HOSPITAL BLOOD BANK .3 <input type="checkbox"/> PLASMAPHERESIS CENTER .4 <input type="checkbox"/> PRODUCT TESTING LABORATORY a. ___ INDEPENDENT ___ ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK .5 <input type="checkbox"/> HOSPITAL TRANSFUSION SERVICE a. ___ APPROVED FOR MEDICARE REIMBURSEMENT ___ NOT APPROVED FOR MEDICARE REIMBURSEMENT .6 <input checked="" type="checkbox"/> COMPONENT PREPARATION FACILITY .7 <input checked="" type="checkbox"/> COLLECTION FACILITY .8 <input checked="" type="checkbox"/> DISTRIBUTION CENTER .9 <input type="checkbox"/> BROKER/WAREHOUSE .10 <input type="checkbox"/> OTHER (Specify) : _____																																																																																																																																																																																																																																																												
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The Blood Center ATTN: Lucretia B. Boudreaux 1310 J. W. Davis Drive Hammond, LA 70403		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 5%;">COLLECT</th> <th style="width: 5%;">MANUAL APHERESIS</th> <th style="width: 5%;">AUTOMATED APHERESIS</th> <th style="width: 5%;">PREPARE</th> <th style="width: 5%;">LEUKOCYTES REDUCED</th> <th style="width: 5%;">IRRADIATED</th> <th style="width: 5%;">DONOR RETESTED</th> <th style="width: 5%;">TEST</th> <th style="width: 10%;">STORE and DISTRIBUTE to OTHERS</th> </tr> <tr> <th></th> <th>(1)</th> <th>(2)</th> <th>(3)</th> <th>(4)</th> <th>(5)</th> <th>(6)</th> <th>(7)</th> <th>(8)</th> <th>(9)</th> </tr> </thead> <tbody> <tr> <td>WHOLE BLOOD</td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>RED BLOOD CELLS (RBC)</td> <td style="text-align: center;">2</td> 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AHF	8			X					X	PLATELETS	9			X		X			X	LEUKOCYTES/GRANULOCYTES	10		X	X		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									SOURCE PLASMA	17									RECOVERED PLASMA	18			X						BLOOD PRODUCTS FOR DIAGNOSTIC USE	19			X					X	BLOOD BANK REAGENTS	20									OTHER Acrodose Platelets	21			X	X	X			X	PF24				X					X	Pathogen Reduced Platelet Pheresis				X					X
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