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

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.

**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)

University of California, Davis Med Ctr Blood Bank  
2315 Stockton Boulevard  
Sacramento, CA 95817-2201

**4.1 PHONE** 916-734-2585

**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.)

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

University of California, Davis Med Ctr Blood Bank  
ATTN: Hanne M. Jensen, M.D.  
2315 Stockton Boulevard  
Sacramento, CA 95817

**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** Hanne M. Jensen, M.D.  
**8.2 E-MAIL ADDRESS** hanne.jensen@ucdmc.ucdavis.edu  
**8.3 PHONE** 916-734-2585  
**8.4 DATE**

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

- Community (Non-Hospital) Blood Bank
- Hospital Blood Bank
- Plasmapheresis Center
- Product Testing Laboratory
- Independent
- Associated with Community or Hospital Blood Bank
- Hospital Transfusion Service
- Approved for Medicare Reimbursement
- Not Approved for Medicare Reimbursement
- Component Preparation Facility
- Collection Facility
- Distribution Center
- Broker/Wholesale
- Other (Specify):

**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):

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**11. PRODUCTS**

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<th>DIRECTED</th>
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