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.

1. REGISTRATION NUMBER  
   FEI: 29722222  
   CFN: 29722222

2. U.S. LICENSE NUMBER

3. REASON FOR SUBMISSION  
   1. ANNUAL REGISTRATION  
   2. INITIAL REGISTRATION  
   3. CHANGE IN INFORMATION

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 916-734-2870

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 916-734-2870

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 916-734-2870 8.4 DATE

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)).

9. TYPE OF OWNERSHIP  
   1. SINGLE PROPRIETORSHIP  
   2. PARTNERSHIP  
   3. CORPORATION profit non-profit  
   4. COOPERATIVE ASSOCIATION

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  
   5. HOSPITAL TRANSFUSION SERVICE  
   6. COMPONENT PREPARATION FACILITY  
   7. COLLECTION FACILITY  
   8. DISTRIBUTION CENTER  
   9. BROKER/WAREHOUSE  
   10. OTHER (Specify):  

11. PRODUCTS

   WHOLE BLOOD 1
   RED BLOOD CELLS (RBC) 2
   RBC FROZEN 3
   RBC DEGLYCEROLIZED 4
   RBC REJUVENATED 5
   RBC REJUVENATED FROZEN 6
   RBC REJUVENATED DEGLYCEROLIZED 7
   CRYOPRECIPITATED AHF 8
   PLATELETS 9
   LEUKOCYTES/GRANULOCYTES 10
   PLASMA 11
   PLASMA CRYOPRECIPITATE REDUCED 12
   FRESH FROZEN PLASMA 13
   LIQUID PLASMA 14
   THERAPEUTIC EXCHANGE PLASMA 15
   SOURCE LEUKOCYTES 16
   SOURCE PLASMA 17
   RECOVERED PLASMA 18
   BLOOD PRODUCTS FOR DIAGNOSTIC USE 19
   BLOOD BANK REAGENTS 20
   OTHER Red Blood Cells Washed 21

   U.S. LICENSE NUMBER OF PARENT FIRM

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

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