

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

1. REGISTRATION NUMBER
FEI: 1071905
CFN: 1071905

2. U.S. LICENSE NUMBER
173

3. REASON FOR SUBMISSION
1. ANNUAL REGISTRATION
2. INITIAL REGISTRATION
3. 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), (i) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 350(b), (i) and 374). Failure to report this information is a violation of Section 301(f) and (g) of the Act (Title 21, United States Code 331(f) and (g)) 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: New Orleans
VALIDATED BY FDA: 14-DEC-2017
PRINTED BY FDA: 08-JAN-2018

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)

Interstate Blood Bank, Inc.
5700 Pleasant View Road
Memphis, TN 38134

4.1 PHONE 901-384-6250

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)

Interstate Blood Bank, Inc
ATTN: Ronald Kraiss
5700 Pleasant View Road
Memphis, TN 38134

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

Ronald Kraiss

8.1 TYPED NAME Ronald Kraiss
8.2 E-MAIL ADDRESS rkraiss@interstatebloodbank.com
8.3 PHONE 901-384-6209
8.4 DATE 01/08/18

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
b. ASSOCIATED w/ COMMUNITY or HOSPITAL BLOOD BANK
5. HOSPITAL TRANSFUSION SERVICE
a. APPROVED FOR MEDICARE REIMBURSEMENT
b. NOT APPROVED FOR MEDICARE REIMBURSEMENT
6. COMPONENT PREPARATION FACILITY
7. COLLECTION FACILITY
8. DISTRIBUTION CENTER
9. BROKERWAREHOUSE
10. OTHER (Specify):
U.S. LICENSE NUMBER OF PARENT FIRM

11. PRODUCTS	ALLOGENEIC	AUTOLOGOUS	DIRECTED	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR TESTED (7)	TEST (8)	STORE and DISTRIBUTE to OTHERS (9)
WHOLE BLOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RED BLOOD CELLS (RBC)											X	
RBC FROZEN												
RBC DEGLYCEROLIZED												
RBC REUVENATED												
RBC REUVENATED FROZEN												
RBC REUVENATED DEGLYCEROLIZED												
CRYOPRECIPITATED AHF												
PLATELETS												
LEUKOCYTES/GRANULOCYTES												
PLASMA												
PLASMA CRYOPRECIPITATE REDUCED												
FRESH FROZEN PLASMA												
LIQUID PLASMA												
THERAPEUTIC EXCHANGE PLASMA												
SOURCE LEUKOCYTES												
SOURCE PLASMA												
RECOVERED PLASMA											X	
BLOOD PRODUCTS FOR DIAGNOSTIC USE											X	
BLOOD BANK REAGENTS												
OTHER												