

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

1. REGISTRATION NUMBER
PEL: 1071200
CFE: 1071200

2. U.S. LICENSE NUMBER
170

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



FOR FDA USE ONLY
1

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 360(b), (i) 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 333(a)).

DISTRICT OFFICE: New Orleans
VALIDATED BY FDA: 09-JAN-2018
PRINTED BY FDA: 20-MAR-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)

West Tennessee Regional Blood Center, Inc.
183 Sterling Farms Drive
Jackson, TN 38305

4.1 PHONE 731-427-4431

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.)

Jackson Blood Bank
Jackson Blood Bank and Medical Laboratory

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

West Tennessee Regional Blood Center, Inc
ATTN: John B. Miller, CEO
183 Sterling Farms Drive
Jackson, TN 38305

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 John B. Miller, CEO
8.2 E-MAIL ADDRESS john.miller@lifelinebloodserv.org
8.3 PHONE 731-633-0244 8.4 DATE

9. TYPE OF OWNERSHIP

- 1. SINGLE PROPRIETORSHIP
- 2. PARTNERSHIP
- 3. COOPERATION 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
- 5. INDEPENDENT
- 6. ASSOCIATED w/ COMMUNITY or HOSPITAL BLOOD BANK
- 7. HOSPITAL TRANSFUSION SERVICE
- 8. APPROVED FOR MEDICARE REIMBURSEMENT
- 9. NOT APPROVED FOR MEDICARE REIMBURSEMENT
- 10. COMPONENT PREPARATION FACILITY
- 11. COLLECTION FACILITY
- 12. DISTRIBUTION CENTER
- 13. BROKER/WAREHOUSE
- 14. OTHER (Specify):

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