

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER
FEI: 2577633
CFN: 2577633

2. U.S. LICENSE NUMBER
454

3. REASON FOR SUBMISSION
 ANNUAL REGISTRATION
 INITIAL REGISTRATION
 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.

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)
HCSC-Blood Center
2745A Leisz's Bridge Road
Reading, PA 19605

4.1 PHONE 610-926-6060

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.)
Miller-Keystone Blood Center

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)
HCSC-Blood Center
ATTN: Abraham C. Garcia
1465 Valley Center Parkway
Bethlehem, PA 18017

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
Abraham C. Garcia 12.15.2011

8.1 TYPED NAME Abraham C. Garcia
8.2 E-MAIL ADDRESS agarcia@hccsc.org
8.3 PHONE 610-691-5850 x1243 **8.4 DATE**

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
 ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
5. HOSPITAL TRANSFUSION SERVICE
a. APPROVED FOR MEDICARE REIMBURSEMENT
 NOT APPROVED FOR MEDICARE REIMBURSEMENT
6. COMPONENT PREPARATION FACILITY
7. COLLECTION FACILITY
8. DISTRIBUTION CENTER
9. BROKER/WAREHOUSE
10. OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM } 454

11. PRODUCTS	ALLOGENEIC	AUTOLOGOUS	DIRECTED	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE and DISTRIBUTE to OTHERS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
WHOLE BLOOD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>							
RED BLOOD CELLS (RBC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>							
RBC FROZEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>							
RBC DEGLYCEROLIZED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>							
RBC REJUVENATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>							
RBC REJUVENATED FROZEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>							
RBC REJUVENATED DEGLYCEROLIZED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>							
CRYOPRECIPITATED AHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>							
PLATELETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>							
LEUKOCYTES/GRANULOCYTES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>							
PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>							
PLASMA CRYOPRECIPITATE REDUCED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>							
FRESH FROZEN PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>							
LIQUID PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>							
THERAPEUTIC EXCHANGE PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>							
SOURCE LEUKOCYTES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>							
SOURCE PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>							
RECOVERED PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>							
BLOOD PRODUCTS FOR DIAGNOSTIC USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>							
BLOOD BANK REAGENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>							
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>							