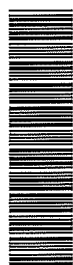


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER  
FEL: 3006341625  
CRN:  
2. U.S. LICENSE NUMBER  
688

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.

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)

Medic, Inc.  
Medic, Inc. (Farragut Center)  
11000 Kingston Pike  
Suite 9  
Knoxville, TN 37934

4.1 PHONE 865-671-0836

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.)

MEDIC Regional Blood Center (Farragut)  
MEDIC, Inc.

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

Medic, Inc.  
ATTN: Martha S. Cox, Chief Quality Officer  
1601 Ailor Avenue  
Knoxville, TN 37921-6702

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

*Martha S. Cox*

8.1 TYPED NAME Martha S. Cox, Chief Quality Officer  
8.2 E-MAIL ADDRESS mcox@medicblood.org  
8.3 PHONE 865-524-3074

8.4 DATE 1/19/2017

This form is authorized by Sections 510(b), (f) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (f) 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)).

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. ☐ BROKERSWAREHOUSE  
10. ☐ OTHER (Specify):

688  
U.S. LICENSE NUMBER OF PARENT FIRM

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