

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>PUBLIC HEALTH SERVICE</b> <b>FOOD AND DRUG ADMINISTRATION</b> <b>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR</b> <b>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES</b>	<b>FEI:</b> 3014901559 <b>DUNS:</b> 080286863 <b>U.S. License Number:</b> 688	<b>REASON FOR SUBMISSION</b> Change in Information	<b>DISTRICT OFFICE:</b> New Orleans <b>VALIDATED BY FDA:</b> 12/12/2018
<b>LEGAL NAME AND LOCATION:</b> Medic, Inc. MEDIC, Inc. (Athens Center) Suite 104, 213 E. Washington Avenue Athens, TN 37303 USA  4234535846	<b>REPORTING OFFICIAL:</b> Martha S. Cox, Chief Quality Officer MEDIC, Inc. 1601 Alfor Avenue  Knoxville, TN 37921 USA 8655243074 x668 mcox@medicblood.org	<b>U.S. AGENT:</b>	<b>ESTABLISHMENT TYPE:</b> COLLECTION FACILITY
<b>OTHER NAMES USED IN THIS LOCATION:</b> MEDIC Regional Blood Center (Athens)	<b>TYPE OF OWNERSHIP:</b> CORPORATION	<b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC, AUTOLOGOUS, DIRECTED	

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD	X											
RED BLOOD CELLS (RBC)			X		X							
PLATELETS			X		X							
PF24 PLASMA			X									
PF24RT24 PLASMA			X									
FRESH FROZEN PLASMA			X									

\*\*\*\*\* End Of Report \*\*\*\*\*

*Markus Cup 12/12/2018*  
*(MEDIC, Inc.)*

PRINT DATE: 12-DEC-18

FDA information collection OMB Control number: 0910-0052, Expiration Date: 6/30/2021