

<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES</p>	<p>FEI: 3006341625 DUNS: 963910059 U.S. License Number: 688</p>	<p>REASON FOR SUBMISSION Annual Registration</p>	<p>DISTRICT OFFICE: New Orleans VALIDATED BY FDA: 12/12/2018</p>
<p>LEGAL NAME AND LOCATION: Medic, Inc. Medic, Inc. (Farragut Center) 11000 Kingston Pike Suite 4 Knoxville, TN 37934 USA  865-671-0836</p>	<p>REPORTING OFFICIAL: Martha S. Cox, Chief Quality Officer Medic, Inc. 1601 Ailor Avenue  Knoxville, TN 37921-6702 USA 865-524-3074 mcox@medicblood.org</p>	<p>U.S. AGENT:</p>	<p>ESTABLISHMENT TYPE: COLLECTION FACILITY</p>
<p>OTHER NAMES USED IN THIS LOCATION: MEDIC Regional Blood Center (Farragut); MEDIC, Inc.; Medic Regional Blood Center, Inc. (Farragut Center); Medic, Inc</p>	<p>TYPE OF OWNERSHIP: CORPORATION</p>	<p>DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED</p>	

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 \*\*\*\*\*