

<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: 1077605 DUNS: 079039574 U.S. License Number: 688</p>	<p>REASON FOR SUBMISSION Change in Information</p>	<p>DISTRICT OFFICE: New Orleans VALIDATED BY FDA: 04/09/2019</p>
<p>LEGAL NAME AND LOCATION: Medic, Inc. 1601 Ailor Avenue Knoxville, TN 37921-6702 USA</p> <p>865-524-3074</p>	<p>REPORTING OFFICIAL: Martha S. Cox, Chief Quality Officer Medic, Inc. 1601 Ailor Avenue Knoxville, TN 37921-6702 USA 865-524-3074 x668 mcox@medicblood.org</p>	<p><i>M Cox 4/14/19</i></p>	<p>U.S. AGENT:</p>
<p>OTHER NAMES USED IN THIS LOCATION: MEDIC, Inc.; Medic Regional Blood Center</p>	<p>TYPE OF OWNERSHIP: CORPORATION</p> <p>DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED</p>	<p>ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK</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	X	X			X			
RBC FROZEN				X	X	X			X			
RBC DEGLYCEROLIZED				X	X	X			X			
RBC WASHED				X		X			X			
CRYOPRECIPITATED AHF				X		X			X			X
PLATELETS		X		X	X	X			X			
PLATELETS WASHED				X	X				X			
GRANULOCYTES		X										
PLASMA				X		X			X			

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	FEI: 1077605 DUNS: 079039574 U.S. License Number: 688	REASON FOR SUBMISSION Change in Information	DISTRICT OFFICE: New Orleans VALIDATED BY FDA: 04/09/2019
LEGAL NAME AND LOCATION: Medic, Inc. 1601 Ailor Avenue Knoxville, TN 37921-6702 USA 865-524-3074	REPORTING OFFICIAL: Martha S. Cox, Chief Quality Officer Medic, Inc. 1601 Ailor Avenue Knoxville, TN 37921-6702 USA 865-524-3074 x668 mcox@medicblood.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: MEDIC, Inc.; Medic Regional Blood Center	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK	

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
PF24 PLASMA			X	X		X			X			
PF24RT24 PLASMA			X	X		X			X			
FRESH FROZEN PLASMA			X	X		X			X			
PLASMA CRYOPRECIPITATED REDUCED				X		X			X			
LIQUID PLASMA				X					X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X					X			

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