	OTHER NAMES USED IN THIS LOCATION: MEDIC Regional Blood Center (Athens)	4234535846	LEGAL NAME AND LOCATION: Medic, Inc. MEDIC, Inc. (Athens Center) 927 Decatur Pike Athens, TN 37303 USA	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
DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC	TYPE OF OWNERSHIP: CORPORATION	Knoxville, TN 37921 USA 8655243074 x668 mcox@medicblood.org	REPORTING OFFICIAL: Martha S. Cox, Chief Quality Officer MEDIC, Inc. 11-17-23 1601 Ailor Avenue	FEI: 3014901559 REASON FOR SUBMISSION DUNS: 080286863 Annual Registration U.S. License Number: 688
•	ESTABLISHMENT TYPE: COLLECTION FACILITY		U.S. AGENT:	DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 11/13/2023

PRODUCT	COLLECT	MANUAL AUTOMATED APHERESIS APHERESIS	AUTOMATED APHERESIS	PREPARE	AUTOMATED PREPARE LEUKOCYTES IRRADIATED APHERESIS REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND BACTERIAL PATHOGEN DISTRIBUTE TESTING REDUCED TO OTHERS	BACTERIAL TESTING	PATHOGEN	POOLED
WHOLE BLOOD	×											
RED BLOOD CELLS (RBC)			×		×					***************************************		1
PF24 PLASMA			×									
PF24RT24 PLASMA			×									
FRESH FROZEN PLASMA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		×									

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