| DONOR/R ALLOGEN | fedic | 865-671-0836 865-524-3074 mcox@medicl | | Medic, Inc. (Farragut Center) 1000 Kingston Pike Suite 9 Knoxville, TN 37934 USA | ION: | 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 688 |
|---|---|---------------------------------------|------------------------------|--|--|---|
| DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED | TYPE OF OWNERSHIP: CORPORATION | 865-524-3074 mcox@medicblood.org | Knoxville, TN 37921-6702 USA | Avenue 10/16/24 | REPORTING OFFICIAL: Martha S. Cox, Chief Quality Officer Martha & Cap | 3006341625 REASON FOR SUBMISSION 963910059 Annual Registration 9688 |
| | ESTABLISHMENT TYPE: COLLECTION FACILITY | | | | U.S. AGENT: | DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 10/06/2024 |

| 100 minute and 100 mi | | - Charles | OCCUPATION AND ADDRESS OF THE PARTY OF THE P | | | | | | | | | |
|--|--|---|--|--|---------------------------------------|--|--|--|--|--|--|--------------------|
| PRODUCT | COLLECT | MANUAL AUTOMATED APHERESIS APHERESIS | | PREPARE | PREPARE LEUKOCYTES IRRADIATED REDUCED | IRRADIATED | DONOR RETESTED | TEST | STORE AND BACTERIAL PATHOGEN DISTRIBUTE TESTING REDUCED TO OTHERS | BACTERIAL TESTING | PATHOGEN REDUCED | POOLED |
| WHOLE BLOOD | × | | | | | | | THE CONTROL OF THE CO | | TOTAL STATE OF THE | TO THE PARTY OF TH | |
| RED BLOOD CELLS (RBC) | | | × | | × | * | | | | | | |
| PLATELETS | | | × | | × | | | | *************************************** | | - Control | |
| PLATELETS EXTENDED DATING | | | × | | × | , | OOF PROPERTY AND ADDRESS OF THE PARTY AND ADDR | | TO LITTER MANAGEMENT AND ADDRESS OF THE PARTY OF THE PART | | | į |
| PF24 PLASMA | 00000 | | × | | T TOTAL A | | | = 1/2 YWW WARRANT | | 400 | 0000000000 | |
| PF24RT24 PLASMA | | 77.7 | × | | | THE PROPERTY OF THE PROPERTY O | | | 1 = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + | | | - Francis La Julia |
| FRESH FROZEN PLASMA | A PPANTAGA III III III III III III III III III | | × | The state of the s | | * | TO OPPOSED A SERVICE AS A SERVI | | | - | | |
| | | | | | | | | | | | FFMAIL | - ATTROOPER |

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

PRINT DATE: 16-OCT-24

Page 1 of 1