

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
 Annual Registration

DISTRICT OFFICE: New Orleans
VALIDATED BY FDA: 10/06/2024

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
 mc Cox@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			
PF24RT24 PLASMA			X	X					X			
FRESH FROZEN PLASMA			X	X					X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			
LIQUID PLASMA				X					X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X					X			

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

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HEADQUARTER SUBMISSION
 Annual Registration

REPORTING OFFICIAL: *Martha S Cox 11-1824*
 Martha S. Cox, Chief Quality Officer
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WHOLE BLOOD	X								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
PLATELETS			X	X	X	X			X			X
PLATELETS EXTENDED DATING			X	X	X	X			X	X		
PLATELETS WASHED			X	X	X				X			
PLASMA			X	X					X			