

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: 10/14/2025

LEGAL NAME AND LOCATION:

Medic, Inc.
1601 Ailor Avenue
Knoxville, TN 37921-6702 USA

REPORTING OFFICIAL:

Martha S. Cox, Chief Quality Officer
Medic, Inc.
1601 Ailor Avenue

Michelle Cue 11/3/25

U.S. AGENT:

865-524-3074

Knoxville, TN 37921-6702 USA
865-524-3074 x668
mcox@medicblood.org

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
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		X
PLATELETS EXTENDED DATING			X	X	X	X			X		X	
PLATELETS WASHED				X	X	X			X			
PLASMA				X					X			

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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 *****