

|                                                                                                                                                                                                                      |  |  |                                                                                                                                                                                                     |  |                                                |                                            |                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|--|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES |  |  | FEI: 3011776397<br>DUNS: 081250700<br>U.S. License Number:<br>688                                                                                                                                   |  | REASON FOR SUBMISSION<br>Change in Information |                                            | DISTRICT OFFICE: New Orleans<br>VALIDATED BY FDA: 10/31/2025 |  |
| LEGAL NAME AND LOCATION:<br>Medic, Inc.<br>Medic, Inc. (Crossville Center)<br>96 Hayes Street<br>Crossville, TN 38555 USA                                                                                            |  |  | REPORTING OFFICIAL:<br>Martha S. Cox, Chief Quality Officer<br>Medic, Inc.<br>1601 Allor Avenue<br><i>Martha Cox 11/3/25</i><br>Knoxville, TN 37921 USA<br>865-524-3074 x688<br>mcox@medicblood.org |  |                                                | U.S. AGENT:                                |                                                              |  |
| 931-337-0800                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                     |  |                                                |                                            |                                                              |  |
| OTHER NAMES USED IN THIS LOCATION:<br>MEDIC, Inc. (Crossville Center), MEDIC, Inc. (Crossville)                                                                                                                      |  |  | TYPE OF OWNERSHIP:<br>CORPORATION                                                                                                                                                                   |  |                                                | ESTABLISHMENT TYPE:<br>COLLECTION FACILITY |                                                              |  |
|                                                                                                                                                                                                                      |  |  | DONOR/RECIPIENT RELATIONSHIP:<br>ALLOGENIC                                                                                                                                                          |  |                                                |                                            |                                                              |  |

| PRODUCT                   | COLLECT | MANUAL<br>APHERESIS | AUTOMATED<br>APHERESIS | PREPARE | LEUKOCYTES<br>REDUCED | IRRADIATED | DONOR<br>RETESTED | TEST | STORE AND<br>DISTRIBUTE<br>TO OTHERS | BACTERIAL<br>TESTING | PATHOGEN<br>REDUCED | POOLED |
|---------------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD               | X       |                     |                        |         |                       |            |                   |      |                                      |                      |                     |        |
| RED BLOOD CELLS (RBC)     |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLATELETS                 |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLATELETS EXTENDED DATING |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |

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