

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING**

1. REGISTRATION NUMBER
FBI: 1000117530
CFN: 1644346

2. U.S. LICENSE NUMBER
678

3. REASON FOR SUBMISSION
 ANNUAL REGISTRATION
 INITIAL REGISTRATION
 CHANGE IN INFORMATION

FOR FDA USE ONLY

DISTRICT OFFICE: Dallas
VALIDATED BY FDA: 24-AUG-2018
PRINTED BY FDA: 13-SEP-2018

PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your legal name or actual location in item 4, and any changes in your mailing address in item 6. Print all entries and make all corrections in red ink, if possible. Enter your phone number in item 8.3 and the phone number of your actual location in item 4.1. Sign the form and return to FDA. After validation, you will receive your Official Registration for the ensuing year.

ENTER ALL CHANGES IN RED INK AND CIRCLE.

4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)
 South Texas Blood and Tissue Center
 8527 Village Drive, Suite 102
 San Antonio, TX 78217

4.1 PHONE 210-249-4450

5. OTHER NAMES USED AT THIS LOCATION (Include trade name, doing-business-as, previous names, and other firms co-located. If applicable, include registration number.)

6. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and post office code)
 South Texas Blood and Tissue Center
 ATTN: Elizabeth Waltman, COO
 6211 IH 10 West at First Park Ten Blvd
 San Antonio, TX 78201

7. U.S. AGENT (include name, institution name if applicable, number and street, city, state, and zip code)

7.1 E-MAIL ADDRESS
 7.2 PHONE

8. REPORTING OFFICIAL'S SIGNATURE
 Elizabeth Waltman, COO
 elizabeth.waltman@southtexasblood.org
 210-249-4410

9. TYPE OF OWNERSHIP
 SINGLE PROPRIETORSHIP
 PARTNERSHIP
 CORPORATION profit non-profit
 COOPERATIVE ASSOCIATION
 FEDERAL (non-military)
 U.S. MILITARY
 STATE
 COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
 OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)
 COMMUNITY (NON-HOSPITAL) BLOOD BANK
 HOSPITAL BLOOD BANK
 PLASMAPHERESIS CENTER
 PRODUCT TESTING LABORATORY
 a. INDEPENDENT
 ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
 b. HOSPITAL TRANSFUSION SERVICE
 APPROVED FOR MEDICARE REIMBURSEMENT
 NOT APPROVED FOR MEDICARE REIMBURSEMENT
 COMPONENT PREPARATION FACILITY
 COLLECTION FACILITY } 678
 DISTRIBUTION CENTER } U.S. LICENSE NUMBER OF PARENT FIRM
 BROKER/WAREHOUSE
 OTHER (Specify):

11. PRODUCTS	ALLOGENEIC	AUTOLOGOUS	DIRECTED	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE and DISTRIBUTE to OTHERS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
WHOLE BLOOD				X								
RED BLOOD CELLS (RBC)						X						
RBC FROZEN												
RBC DEGLYCEROLIZED												
RBC REJUVENATED												
RBC REJUVENATED FROZEN												
RBC REJUVENATED DEGLYCEROLIZED												
CRYOPRECIPITATED AHF												
PLATELETS						X						
LEUKOCYTES/GRANULOCYTES												
PLASMA						X						
PLASMA CRYOPRECIPITATE REDUCED												
FRESH FROZEN PLASMA												
LIQUID PLASMA												
THERAPEUTIC EXCHANGE PLASMA												
SOURCE LEUKOCYTES												
SOURCE PLASMA												
RECOVERED PLASMA												
BLOOD PRODUCTS FOR DIAGNOSTIC USE												
BLOOD BANK REAGENTS												
OTHER												