

<b>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</b>			<b>FEI:</b> 1073105 <b>DUNS:</b> <b>U.S. License Number:</b>			<b>REASON FOR SUBMISSION</b> Annual Registration			<b>DISTRICT OFFICE:</b> Atlanta <b>VALIDATED BY FDA:</b> 05/30/2018		
<b>LEGAL NAME AND LOCATION:</b>  Transfusion Medicine Service University of North Carolina Ho 1021 East Wing 101 Manning Drive Chapel Hill, NC 27514 USA  984-974-1578			<b>REPORTING OFFICIAL:</b> Yara Park Transfusion Medicine Service University of North Carolina H 1021 East Wing 101 Manning Drive  Chapel Hill, NC 27514 USA 984-974-1578 yara.park@unchealth.unc.edu			<b>U.S. AGENT:</b>					
<b>OTHER NAMES USED IN THIS LOCATION:</b>			<b>TYPE OF OWNERSHIP:</b> STATE			<b>ESTABLISHMENT TYPE:</b> HOSPITAL BLOOD BANK			<b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC, AUTOLOGOUS, DIRECTED		

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				
RED BLOOD CELLS (RBC)				X	X	X		X				
RBC FROZEN				X		X		X				
RBC DEGLYCEROLIZED				X		X		X				
RBC REJUVENATED				X				X				
CRYOPRECIPITATED AHF						X						
PLATELETS			X	X	X	X		X	X			
GRANULOCYTES			X	X		X		X				
PLASMA			X	X		X		X				
FRESH FROZEN PLASMA			X	X		X		X				

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PLASMA CRYOPRECIPITATED REDUCED						X						
LIQUID PLASMA				X		X		X				

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