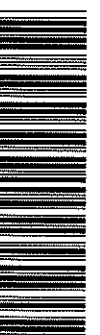


DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER
FEL: 3007068141
CFN:
2. U.S. LICENSE NUMBER
244

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



FOR FDA USE ONLY (4)

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.

This form is authorized by Sections 510(b), (f) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (f) and 374); Failure to report this information is a violation of Section 301(f) and (g) of the Act (Title 21, United States Code 331(f) and (g)) and can result in a fine of up to \$1,000 or imprisonment up to one year or both, pursuant to Section 303(a) of the Act (Title 21, United States Code 333(a)).

DISTRICT OFFICE: Dallas
VALIDATED BY FDA: 08-DEC-2009
PRINTED BY FDA: 17-DEC-2009

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)

Central Texas Regional Blood and Tissue Center
920 N Vista Ride Blvd.
Cedar Park, TX 78613

4.1 PHONE

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.)

Cedar Park Community Blood Center
Cedar Park Donor Center

6. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and post office code)

Central Texas Regional Blood and Tissue Center
ATTN: Wendy R. Bailey, QA Compliance Manager
4300 N. Lamar Blvd
Austin, TX 78756

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

8.1 TYPED NAME Wendy R. Bailey, QA Compliance Manager
8.2 E-MAIL ADDRESS wbailey@ctcms.com
8.3 PHONE 512-206-1134
8.4 DATE

9. TYPE OF OWNERSHIP

1. SINGLE PROPRIETORSHIP
2. PARTNERSHIP
3. COOPERATION profit non-profit
4. COOPERATIVE ASSOCIATION
5. FEDERAL (non-military)
6. U.S. MILITARY
7. STATE
8. COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
9. OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)

1. COMMUNITY (NON-HOSPITAL) BLOOD BANK
2. HOSPITAL BLOOD BANK
3. PLASMAPHERESIS CENTER
4. PRODUCT TESTING LABORATORY
a. INDEPENDENT
b. ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
5. HOSPITAL TRANSFUSION SERVICE
a. APPROVED FOR MEDICARE REIMBURSEMENT
b. NOT APPROVED FOR MEDICARE REIMBURSEMENT
6. COMPONENT PREPARATION FACILITY
7. COLLECTION FACILITY
8. DISTRIBUTION CENTER
9. BROKERS/WAREHOUSE
10. OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM

11. PRODUCTS	ALLOGENEIC	AUTOLOGOUS	DIRECTED	COLLECT	MANUAL	AUTOMATED	PREPARE	LEUKOCYTES	IRRADIATED	DONOR	TEST	STORE and
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	DISTRIBUTE to OTHERS (9)
WHOLE BLOOD				<input checked="" type="checkbox"/>								
RED BLOOD CELLS (RBC)												
RBC FROZEN												
RBC DEGLYCEROLIZED												
RBC RELUVENATED												
RBC RELUVENATED FROZEN												
RBC RELUVENATED DEGLYCEROLIZED												
CRYOPRECIPITATED AHF												
PLATELETS												
LEUKOCYTES/GRANULOCYTES												
PLASMA												
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												