## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

2. U.S. LICENSE NUMBER CFN: 2173943 FEI: 2173943 .2 [] <u>\_\_</u> .3 CHANGE IN INFORMATION

1. REGISTRATION NUMBER

FOR FDA USE ONLY

ion Date: March 31, 2015. See

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

result in a fine of up to \$1,000 or imprisonment up to one year or both, pursuant to Section 303(a) of the Art (Title 21 United States Code 33 3(a)) This form is authorized by Sections 510(b), (j) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (j) and 374). Failure to report this information is a violation of Section 301(f) and (p) of the Act (Title 21, United States Code 331(f) and (p)) and can

VALIDATED BY FDA: 21-NOV-2014 DISTRICT OFFICE: Minneapolis

umi diru letuli to FDA. Aiter validation, you wili federee your Official registration for the offine Act (Title 21, Office states Code 33.3(a)). Presimen vales.	of the Act (Title 21, United States Code 33,3(a)).		PRINTED BY FDA:		08-JAN-2015	
ENTER ALL CHANGES IN RED INK AND CIRCLE.	9. TYPE OF OWNERSHIP	10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)	ill boxes that descr	ibe routine or au	tologous ope	rations.)
4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)	.1 SINGLE PROPRIETORSHIP	.1 COMMUNITY (NON-HOSPITAL) BLOOD BANK	BLOOD BANK			
	.3 CORPORATION profit	.3 PLASMAPHERESIS CENTER				
Children's Hospital and Clinics of Minnesota	.4 COOPERATIVE ASSOCIATION		ЭRY			
345 North Smith Avenue St. Paul, MN 55102	.5 ☐ FEDERAL (non-military) .6 ☐ U.S. MILITARY	A INDEPENDENT    ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK	VITY or HOSPITAL	BLOOD BANK		
		5 HOSPITAL TRANSFUSION SERVICE  aAPPROVED FOR MEDICARE REIMBURSEMENT	/ICE	TNT		
	.8 COUNTY/MUNICIPAL/HOSPITAL AUTHORITY	]   	DICARE REIMBUR	SEMENT		
4.1 PHONE 612-220-6550 x6558	3 L.J O'I PIER (Specify):	.6 COMPONENT PREPARATION FACILITY  .7 COLLECTION FACILITY	y			
1			U.S. LICI	U.S. LICENSE NUMBER OF PARENT FIRM	PARENT FIRE	*
5. OTHER NAMES USED AT THIS LOCATION (Include trade name, doing-business- as, previous names, and other firms co-located. If applicable, include registration		9 BROKER/WAREHOUSE				
			1			
	11. PRODUCTS COLLECT A	APHERESIS APHERESIS REDUCED	RRADIATED	DONOR RETESTED	TEST	STORE and DISTRIBUTE to OTHERS
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if	ALLOGENEIC AUTOLOGOUS DIRECTED (1)	(2) (.3) (.4) (.5)	(6)	(7)	(.8)	(.9)
applicable, number and street, city, state, country, and post office code)	WHOLE BLOOD 1			The state of		
Children's Hospital and Clinics of Minnesota	RED BLOOD CELLS (RBC) 2		×		×	
ATTN: Jed B. Gorlin, Vice President, Medical and Quality A	RBC FROZEN 3					
345 North Smith Avenue	RBC DEGLYCEROLIZED 4		×		×	
St. Paul, MN 55102	RBC REJUVENATED 5					
	RBC REJUVENATED FROZEN 6					
	RBC REJUVENATED DEGLYCEROLIZED 7		×		×	
	CRYOPRECIPITATED AHF 8					
<ol> <li>U.S. AGENT (Include name, institution name if applicable, number and street, city, state and zin code)</li> </ol>	PLATELETS 9		×			
swie, and tip word)	LEUKOCYTES/GRANULOCYTES 10	Service Servic	x		×	
	PLASMA 11					
	PLASMA CRYOPRECIPITATE REDUCED 12					
	FRESH FROZEN PLASMA 13					
	LIQUID PLASMA 14					
	THERAPEUTIC EXCHANGE PLASMA 15		Children Wall			
7.1 E-MAIL ADDRESS	SOURCE LEUKOCYTES 16		The second			
7.2 PHONE	SOURCE PLASMA 17			No. of Concession, Name of Street, or other party of the last of t		
8. REPORTING OFFICIAL'S SIGNATURE	RECOVERED PLASMA 18					
the fix	BLOOD PRODUCTS FOR DIAGNOSTIC USE 19			NE ST		
	BLOOD BANK REAGENTS 20					
8.1 TYPED NAME Jed B. Gorlin, Vice President, Medical and Quality .	OTHER 21					
mbc.org						
8.3 PHONE 65] -332-7284 8.4 DATE 1/1						

8.3 PHONE 651-332-7284 8.2 E-MAIL ADDRESS jed@mbc.org

8.4 DATE