



South Texas Blood & Tissue Center

“Serving the community for over 30 years”


FORM APPROVED: OMB No. 0910-0052

Expiration Date: March 31, 2009 See instructions for OMB Statement.

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

1. REGISTRATION NUMBER
FEI: 1676816
CFN: 1676816
2. U.S. LICENSE NUMBER
678

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

FOR FDA USE ONLY 32


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), (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 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)).

4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)

South Texas Blood and Tissue Center
1109 Sam Houston Drive
Victoria, TX 77901

4.1 PHONE 512-576-3651

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.)

9. TYPE OF OWNERSHIP
.1 SINGLE PROPRIETORSHIP
.2 PARTNERSHIP
.3 CORPORATION 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
 ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
.5 HOSPITAL TRANSFUSION SERVICE
a. APPROVED FOR MEDICARE REIMBURSEMENT
 NOT APPROVED FOR MEDICARE REIMBURSEMENT
.6 COMPONENT PREPARATION FACILITY
.7 COLLECTION FACILITY
.8 DISTRIBUTION CENTER
.9 BROKER/WAREHOUSE
10 OTHER (Specify):

11. PRODUCTS

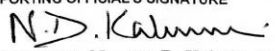
	ALLOGENEIC <input checked="" type="checkbox"/>	AUTOLOGOUS <input checked="" type="checkbox"/>	DIRECTED <input checked="" type="checkbox"/>	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE and DISTRIBUTE to OTHERS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

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

South Texas Blood & Tissue Center
ATTN: Norman D. Kalmin, M.D.
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

8.1 TYPED NAME Norman D. Kalmin, M.D.
8.2 E-MAIL ADDRESS patricia.cappelli@bloodntissue.org
8.3 PHONE 210-731-5555 x1541 8.4 DATE

FORM FDA 2830 (11/2000) PREVIOUS EDITION IS OBSOLETE



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