

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

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)

Community Blood Centers of South Florida, Inc.
1700 North State Road 7
Lauderhill, FL 33313

4.1 PHONE 954-735-9600

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.)

Broward Community Blood Center

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

Community Blood Centers of South Florida, Inc.
ATTN: Charles L. Rouault, M.D.
1700 N. State Road 7
Lauderhill, FL 33313-5097

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 Charles L. Rouault, M.D.
8.2 E-MAIL ADDRESS crouault@cbcsf.org
8.3 PHONE 954-735-9600

1. REGISTRATION NUMBER
FEI: 1077496
FEN: 1077496

2. U.S. LICENSE NUMBER
913

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 (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)).

3. REASON FOR SUBMISSION

1. ANNUAL REGISTRATION
2. INITIAL REGISTRATION
3. CHANGE IN INFORMATION



FOR FDA USE ONLY

DISTRICT OFFICE: Florida
VALIDATED BY FDA: 18-NOV-2009
PRINTED BY FDA: 18-NOV-2009

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
 - 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. BROKER/WAREHOUSE
- 10. OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM

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