### FORM FDA 2830

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

1. REGISTRATION NUMBER
   FEI: 3011536875
2. U.S. LICENSE NUMBER

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

#### FOR FDA USE ONLY

1. ☑ SINGLE PROPRIETORSHIP
2. ☑ PARTNERSHIP
3. ☑ CORPORATION  profit  non-profit
4. ☑ COOPERATIVE ASSOCIATION

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

**UCSF Medical Center Clinical Laboratories Transfusion Service at Mis**
1825 4th Street
San Francisco, CA 94158

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

**UCSF Medical Center Clinical Laboratories Transfusion Service**
ATTN: Ashok Nambiar
1825 4th Street
San Francisco, CA 94158

#### 7. U.S. AGENT
(Include name, institution name if applicable, number and street, city, state, and zip code)

ATTN: Ashok Nambiar
1825 4th Street
San Francisco, CA 94158

#### 8. REPORTING OFFICIAL’S SIGNATURE

**Ashok Nambiar**
8.2 E-MAIL ADDRESS: Ashok.Nambiar@ucsf.edu
8.3 PHONE: 415-514-2018

#### 9. TYPE OF OWNERSHIP
1. ☑ SINGLE PROPRIETORSHIP
2. ☑ PARTNERSHIP
3. ☑ CORPORATION  profit  non-profit
4. ☑ COOPERATIVE ASSOCIATION

#### 10. TYPE ESTABLISHMENT
(Indicate all options applicable)

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):

#### 11. PRODUCTS

<table>
<thead>
<tr>
<th>ALLOGENEIC</th>
<th>AUTOLOGOUS</th>
<th>DIRECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLECT</td>
<td>MANUAL APERHESS</td>
<td>AUTOMATED APERHESS</td>
</tr>
</tbody>
</table>

- **WHOLE BLOOD**: 1
- **RED BLOOD CELLS (RBC)**: 2
- **RBC FROZEN**: 3
- **RBC DEGLYCEROLIZED**: 4
- **RBC REJUVENATED**: 5
- **RBC REJUVENATED FROZEN**: 6
- **RBC REJUVENATED DEGLYCEROLIZED**: 7
- **CRYOPRECIPITATED AHF**: 8
- **PLATELETS**: 9
- **LEUKOCYTES/GRANULOCYTES**: 10
- **PLASMA**: 11
- **PLASMA CRYOPRECIPITATE REDUCED**: 12
- **FRESH FROZEN PLASMA**: 13
- **LIQUID PLASMA**: 14
- **THERAPEUTIC EXCHANGE PLASMA**: 15
- **SOURCE LEUKOCYTES**: 16
- **SOURCE PLASMA**: 17
- **RECOVERED PLASMA**: 18
- **BLOOD PRODUCTS FOR DIAGNOSTIC USE**: 19
- **BLOOD BANK REAGENTS**: 20
- **OTHER**: 21

---

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 33.3(a)).