**ALLOGENEIC AUTOLOGOUS DIRECTED**

**APHERESIS AUTOMATED**

**IRRADIATED**

**PREPARE TEST STORE and DISTRIBUTE to OTHERS**

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**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)

UCSF Medical Center Clinical Laboratories
505 Parnassus Avenue
Box 0100
San Francisco, CA 94143-0100

4.1 PHONE 415-353-1313

**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.)

**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
ATTN: Ashok Nambiar
505 Parnassus Avenue
Box 0100
San Francisco, CA 94143-0100

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 415-353-1311

8. REPORTING OFFICIAL’S SIGNATURE

8.1 TYPED NAME Ashok Nambiar

8.2 E-MAIL ADDRESS Ashok.Nambiar2@ucsf.edu

8.3 PHONE 415-353-1311 8.4 DATE

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**1. REGISTRATION NUMBER**
FEI: 2970033
CFN: 2970033

**2. U.S. LICENSE NUMBER**

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

**4. TYPE ESTABLISHMENT**
1. COMMUNITY (NON-HOSPITAL) BLOOD BANK
2. HOSPITAL BLOOD BANK
3. PLASMAPHERESIS CENTER
4. PRODUCT TESTING LABORATORY
5. HOSPITAL TRANSFUSION SERVICE

**5. TYPE OF OWNERSHIP**
1. SINGLE PROPRIETORSHIP
2. PARTNERSHIP
3. CORPORATION profit non-profit
4. COOPERATIVE ASSOCIATION

**6. PRODUCTS**

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<td>CRYOPRECIPITATED AHF</td>
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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)).

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**District Office: San Francisco**
**Validated by FDA: 23-NOV-2016**
**Printed by FDA: 19-DEC-2016**

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**ATTN: Ashok Nambiar**