

1. REGISTRATION NUMBER
 FEI: 1270007
 CFN: 1270007

2. U.S. LICENSE NUMBER
 1786

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

FOR FDA USE ONLY

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)

Rhode Island Blood Center
 405 Promenade Street
 Providence, RI 02908

4.1 PHONE 401-453-8364

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)

Rhode Island Blood Center
 ATTN: Carolyn Young
 405 Promenade Street
 Providence, RI 02908

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

Carolyn Young, M.D.
 Carolyn Young, M.D.
 Carolyn Young
 cyoung@ribc.org
 401-453-8392
 12/14/17
 8.1 TYPED NAME
 8.2 E-MAIL ADDRESS
 8.3 PHONE
 8.4 DATE

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)).

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
- 5. HOSPITAL TRANSFUSION SERVICE
- 6. APPROVED FOR MEDICARE REIMBURSEMENT
- 7. NOT APPROVED FOR MEDICARE REIMBURSEMENT
- 8. COMPONENT PREPARATION FACILITY
- 9. COLLECTION FACILITY
- 10. DISTRIBUTION CENTER
- 11. BROKERY/WAREHOUSE
- 12. OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM

11. PRODUCTS	ALLOGENEIC	AUTOLOGOUS	DIRECTED	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE and DISTRIBUTE to OTHERS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
WHOLE BLOOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>							
RED BLOOD CELLS (RBC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2								
RBC FROZEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3								
RBC DESLYCEROLIZED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4								
RBC REJUVENATED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5								
RBC REJUVENATED FROZEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6								
RBC REJUVENATED DEGLYCEROLIZED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7								
CRYOPRECIPITATED AHF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8								
PLATELETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9								
LEUKOCYTES/GRANULOCYTES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10								
PLASMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11								
PLASMA CRYOPRECIPITATE REDUCED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12								
FRESH FROZEN PLASMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13								
LIQUID PLASMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14								
THERAPEUTIC EXCHANGE PLASMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15								
SOURCE LEUKOCYTES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16								
SOURCE PLASMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17								
RECOVERED PLASMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18								
BLOOD PRODUCTS FOR DIAGNOSTIC USE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19								
BLOOD BANK REAGENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20								
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21								