

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
OKLAHOMA BLOOD INSTITUTE SYLVAN N GOLD
OKLAHOMA BLOOD INSTITUTE
1001 N LINCOLN BOULEVARD
OKLAHOMA CITY, OK 73104-3299

CLIA ID NUMBER

37D0470358

EFFECTIVE DATE

07/27/2013

EXPIRATION DATE

07/26/2015

LABORATORY DIRECTOR
JAMES W SMITH MD

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

308 Certs2_070313

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	03/01/2004		
VIROLOGY (140)	03/08/2007		
SYPHILIS SEROLOGY (210)	07/27/1995		
GENERAL IMMUNOLOGY (220)	07/27/1995		
HEMATOLOGY (400)	07/27/1995		
ABO & RH GROUP (510)	07/27/1995		
ANTIBODY TRANSFUSION (520)	06/27/2002		
ANTIBODY IDENTIFICATION (540)	07/27/1995		
COMPATIBILITY TESTING (550)	07/27/1995		

**FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.**

State of California Department of Public Health

CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

**OKLAHOMA BLOOD INSTITUTE
1001 NORTH LINCOLN BLVD
OKLAHOMA OK 73104**

OWNER(S):

OBI HOLDING COMPANY
JOHN ARMITAGE MD
JAMES SMITH MD
RANDY STARK
KIM VAN ANTWERPEN
CHARLES MOONEY

DIRECTOR(S):

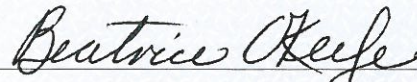
JAMES SMITH MD

Lab ID Number: COS 00800359

Effective Date: August 01, 2014

Valid Until: July 31, 2015

CLIA Number: 37D0470358



Beatrice R. O'Keefe, Division Chief
Laboratory Field Services

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

1. REGISTRATION NUMBER

FEI: 1626009
CFN: 1626009

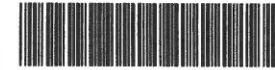
2. U.S. LICENSE NUMBER

766

3. REASON FOR SUBMISSION

- .1 ANNUAL REGISTRATION
- .2 INITIAL REGISTRATION
- .3 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.

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)).

DISTRICT OFFICE: Dallas
VALIDATED BY FDA: 31-JAN-2015
PRINTED BY FDA: 03-FEB-2015

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)

Oklahoma Blood Institute
Oklahoma Blood Institute Sylvan N. Goldman Center
1001 N. Lincoln Blvd.
Oklahoma City, OK 73104-3299

4.1 PHONE 405-297-5700

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.)

Oklahoma Blood Institute (OBI)
Oklahoma Blood Institute Legacy Building 901 N. Lincoln Blvd. Oklahoma C

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

Oklahoma Blood Institute
ATTN: Marta Payne
Sylvan N. Goldman Center
1001 N. Lincoln Blvd.
Oklahoma City, OK 73104-3299

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

Marta Payne

8.1 TYPED NAME Marta Payne

8.2 E-MAIL ADDRESS mapayne@obi.org

8.3 PHONE 405-297-5700

8.4 DATE 2/3/15

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): _____

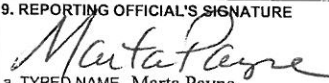
10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)

- .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): _____

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 DISTRIBUTE to OTHERS (.9)
WHOLE BLOOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	X			X	X		X	X
RED BLOOD CELLS (RBC)				2		X	X	X	X		X	X
RBC FROZEN				3			X	X	X		X	X
RBC DEGLYCEROLIZED				4			X	X	X		X	X
RBC REJUVENATED				5					X			
RBC REJUVENATED FROZEN				6			X	X	X		X	X
RBC REJUVENATED DEGLYCEROLIZED				7			X	X	X		X	X
CRYOPRECIPITATED AHF				8			X				X	X
PLATELETS				9		X	X	X	X		X	X
LEUKOCYTES/GRANULOCYTES				10		X	X				X	X
PLASMA				11		X					X	X
PLASMA CRYOPRECIPITATE REDUCED				12		X	X				X	X
FRESH FROZEN PLASMA				13		X	X				X	X
LIQUID PLASMA				14			X				X	X
THERAPEUTIC EXCHANGE PLASMA				15								
SOURCE LEUKOCYTES				16			X				X	X
SOURCE PLASMA				17								
RECOVERED PLASMA				18			X				X	X
BLOOD PRODUCTS FOR DIAGNOSTIC USE				19	X		X				X	X
BLOOD BANK REAGENTS				20								
OTHER Platelets Washed				21			X		X		X	X

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/PS) (See reverse side for instructions)		1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 0001626009	2. REASON FOR SUBMISSION a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:27-NOV-2014 DISTRICT: Dallas PRINTED BY FDA:04-DEC-2014										
PART I - ESTABLISHMENT INFORMATION 3. OTHER FDA REGISTRATIONS a. BLOOD FDA 2830 NO. FEI: 0001626009 b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____		PART II - PRODUCT INFORMATION 10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps							11. HCT/PS DESCRIBED IN 21 CFR 1271.10	12. HCT/PS REPORTED AS MEDICAL DEVICES	13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)		
		Types of HCT / Ps	Establishment Functions											
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Oklahoma Blood Institute Sylvan N Goldman Center Oklahoma Blood Institute 1001 N Lincoln Blvd. Oklahoma City, Oklahoma 73104-3299 a. PHONE 405-297-5700 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY 5. ENTER CORRECTIONS TO ITEM 4 6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) Sylvan N. Goldman Center-Oklahoma Blood Institute Attn: Marta Payne Oklahoma Blood Institute 1001 N. Lincoln Blvd. Oklahoma City, Oklahoma 73104-3299 a. PHONE 405-297-5700 EXT _____ 7. ENTER CORRECTIONS TO ITEM 6 b. PHONE _____		Recover	Screen	Test	Package	Process	Store	Label	Distribute					
		a. Bone			X						X	X	X	
		b. Cartilage			X						X	X	X	
		c. Cornea			X						X	X	X	
		d. Dura Mater			X						X			
		e. Embryo <input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous			X						X	X	X	
		f. Fascia			X						X	X	X	
		g. Heart Valve			X						X			
		h. Ligament			X						X	X	X	
		i. Oocyte <input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous			X						X	X	X	
		j. Pericardium			X						X	X	X	
		k. Peripheral Blood Stem <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic	X	X	X	X	X	X	X	X	X		X	Hematopoietic Progenitor Cell
		l. Sclera			X						X	X	X	
		m. Semen <input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous			X						X	X	X	
		n. Skin			X						X	X	X	
		o. Somatic Cell Therapy Products <input checked="" type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic			X						X	X	X	
		p. Tendon			X						X	X	X	
		q. Umbilical Cord Blood <input checked="" type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic			X						X	X	X	
		r. Vascular Graft			X						X	X	X	
		s.												
t.														
u.														
v.														
9. REPORTING OFFICIAL'S SIGNATURE  a. TYPED NAME Marta Payne b. E-MAIL mapayne@obi.org c. TITLE Regulatory Coordinator d. DATE 26-NOV-2014														

State of California Department of Public Health

CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

VIROMED LABORATORIES, (LABCORP)

1447 YORK COURT

BURLINGTON NC 27215

OWNER(S):

LABORATORY CORPORATION OF AMERICA HOLDINGS

DIRECTOR(S):

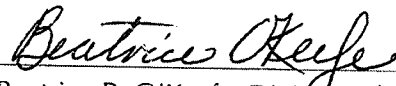
CHARLES P CARTWRIGHT PHD

Lab ID Number: COS 00800057

Effective Date: May 06, 2014

Valid Until: May 05, 2015

CLIA Number: 24D0400424



Beatrice R. O'Keefe, Division Chief
Laboratory Field Services

CENTERS FOR MEDICARE & MEDICAID SERVICES
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
 CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
 VIROMED LABORATORIES INC
 1447 YORK COURT
 BURLINGTON, NC 27215

CLIA ID NUMBER
 24D0400424

EFFECTIVE DATE
 02/28/2015

LABORATORY DIRECTOR

EXPIRATION DATE

CHARLES P CARTWRIGHT DIREC

02/27/2017

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer

Karen W. Dyer, Acting Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Clinical Standards and Quality

371 Certs2_020315

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	01/22/2010		
VIROLOGY (140)	01/22/2010		
SYPHILIS SEROLOGY (210)	01/22/2010		
GENERAL IMMUNOLOGY (220)	01/22/2010		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
LABORATORY CORPORATION OF AMERICA
13112 EVENING CREEK DR SOUTH STE 200
ATTN QA
SAN DIEGO, CA 92128

CLIA ID NUMBER
05D0571200

EFFECTIVE DATE

02/28/2015

EXPIRATION DATE

02/27/2017

LABORATORY DIRECTOR

JENNY R GALLOWAY M.D.

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

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Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

1243 Certs2_020315

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	10/17/2006
MYCOBACTERIOLOGY (115)	07/10/2006
MYCOLOGY (120)	09/12/2008
PARASITOLOGY (130)	10/24/2002
VIROLOGY (140)	09/06/2012
SYPHILIS SEROLOGY (210)	08/30/1995
GENERAL IMMUNOLOGY (220)	08/30/1995
ROUTINE CHEMISTRY (310)	08/30/1995
URINALYSIS (320)	10/24/2002
ENDOCRINOLOGY (330)	08/30/1995
TOXICOLOGY (340)	04/10/2003
HEMATOLOGY (400)	08/30/1995
ABO & RH GROUP (510)	08/30/1995

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ANTIBODY TRANSFUSION (520)	09/03/2010
ANTIBODY NON-TRANSFUSION (530)	08/30/1995
ANTIBODY IDENTIFICATION (540)	05/19/2009

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



Dear Laboratory Director:

Attached below is your clinical laboratory license.
Your license is void after the expiration date below.

Expiration Date: May 15, 2015

LABORATORY CORPORATION OF AMERICA
13112 EVENING CREEK DR S STE 200
SAN DIEGO CA 92128-4108

DISPLAY:

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME,

DIRECTOR, OWNER AND/OR ADDRESS:

State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**

You must submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application to the address indicated below.

California Department of Public Health
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142 Labclin (11-12)

Tear Here

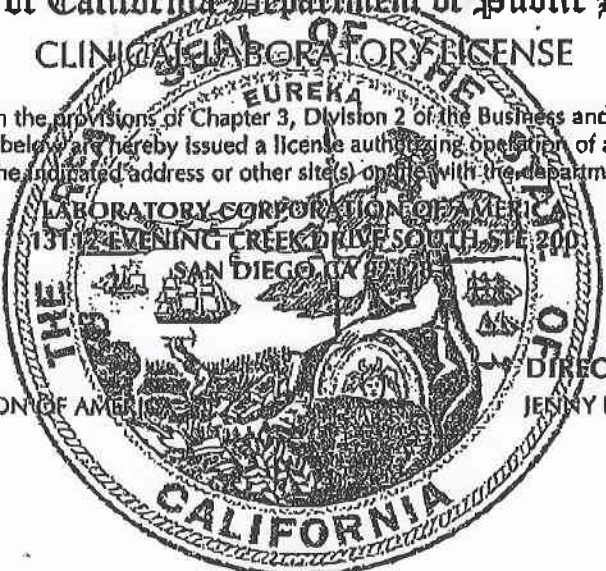
Tear Here

State of California Department of Public Health
CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

OWNER(S):
LABORATORY CORPORATION OF AMERICA
13112 EVENING CREEK DRIVE SOUTH, STE 200
SAN DIEGO, CA 92128

DIRECTOR(S):
JENNY R GALLOWAY MD



Lab ID Number: CLF 00000072
Effective Date: May 16, 2014
Valid Until: May 15, 2015
CLIA Number: 05D0571200

Beatrice O'Keefe
Beatrice R. O'Keefe, Division Chief
Laboratory Field Services

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

1. REGISTRATION NUMBER

FEI: 2183472

CFN: 2183472

2. U.S. LICENSE NUMBER

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.

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)).

DISTRICT OFFICE: Atlanta
VALIDATED BY FDA: 18-NOV-2014
PRINTED BY FDA: 08-JAN-2015

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)

Laboratory Corporation of America-ViroMed Laboratories
1447 York Court
Burlington, NC 27215

4.1 PHONE 800-582-0077

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)

Laboratory Corporation of America - ViroMed Laboratories
ATTN: Michael Roberts
1447 York Court
Burlington, NC 27215

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

Michael Roberts

8.1 TYPED NAME Michael Roberts

8.2 E-MAIL ADDRESS robertm@labcorp.com

8.3 PHONE 336-436-3555

8.4 DATE

9. TYPE OF OWNERSHIP

- SINGLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION profit non-profit
- COOPERATIVE ASSOCIATION
- FEDERAL (non-military)
- U.S. MILITARY
- STATE
- COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
- OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)

- COMMUNITY (NON-HOSPITAL) BLOOD BANK
- HOSPITAL BLOOD BANK
- PLASMAPHERESIS CENTER
- PRODUCT TESTING LABORATORY
 - INDEPENDENT
 - ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
- HOSPITAL TRANSFUSION SERVICE
 - APPROVED FOR MEDICARE REIMBURSEMENT
 - NOT APPROVED FOR MEDICARE REIMBURSEMENT
- COMPONENT PREPARATION FACILITY
- COLLECTION FACILITY
- DISTRIBUTION CENTER
- BROKER/WAREHOUSE
- OTHER (Specify):

11. PRODUCTS	COLLECT			MATERIAL APHERESIS (1)	AUTOMATED APHERESIS (2)	PREPARE (3)	LEUKOCYTES REDUCED (4)	IRRADIATED (5)	DONOR RETESTED (6)	TEST (7)	STORE and DISTRIBUTE to OTHERS (8)
	ALLOGENEIC	AUTOLOGOUS	COLLECTED								
WHOLE BLOOD											
RED BLOOD CELLS (RBC)										X	
RBC FROZEN											
RBC DEGLYCEROLIZED											
RBC REJUVENATED											
RBC REJUVENATED FROZEN											
RBC REJUVENATED DEGLYCEROLIZED											
CRYOPRECIPITATED AHF											
PLATELETS											
LEUKOCYTES/GRANULOCYTES											
PLASMA										X	
PLASMA CRYOPRECIPITATE REDUCED											
FRESH FROZEN PLASMA										X	
LIQUID PLASMA										X	
THERAPEUTIC EXCHANGE PLASMA											
SOURCE LEUKOCYTES											
SOURCE PLASMA										X	
RECOVERED PLASMA										X	
BLOOD PRODUCTS FOR DIAGNOSTIC USE											
BLOOD BANK REAGENTS											
OTHER Serum										X	