

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

1. REGISTRATION NUMBER
FEI: 2974534
CFN: 2974534

2. U.S. LICENSE NUMBER
1835

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



DISTRICT OFFICE: San Francisco
VALIDATED BY FDA: 13-DEC-2011
PRINTED BY FDA: 13-JAN-2012

This form is authorized by Sections 510(b), (i) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (i) 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)).

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)

Houchin Community Blood Bank
2600 G Street
Bakersfield, CA 93301

4.1 PHONE 661-327-8541

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.)
Houchin Community Blood Bank

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)
Houchin Community Blood Bank
ATTN: Douglas S. Palla
2600 G Street
Bakersfield, CA 93301-2814

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

Douglas S. Palla

8.1 TYPED NAME Douglas S. Palla
8.2 E-MAIL ADDRESS dpalla@hccb.com
8.3 PHONE 661-327-8541

8.4 DATE 1-13-12

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. PLASMA/APHERESIS 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	ALLOGENIC	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RED BLOOD CELLS (RBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				X	X	X			X
RBC FROZEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RBC DEGLYCEROLIZED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RBC REJUVENATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RBC REJUVENATED FROZEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RBC REJUVENATED DEGLYCEROLIZED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
CRYOPRECIPITATED AHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						X			X
PLATELETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						X			X
LEUKOCYTES/GRANULOCYTES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PLASMA CRYOPRECIPITATE REDUCED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
FRESH FROZEN PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				X					X
LIQUID PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
THERAPEUTIC EXCHANGE PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
SOURCE LEUKOCYTES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
SOURCE PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RECOVERED PLASMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				X					X
BLOOD PRODUCTS FOR DIAGNOSTIC USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
BLOOD BANK REAGENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									