

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

1. REGISTRATION NUMBER  
FBI: 2974534  
CFN: 2974534

2. U.S. LICENSE NUMBER  
1835

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



FOR FDA USE ONLY  
1

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: San Francisco  
VALIDATED BY FDA: 27-NOV-2017  
PRINTED BY FDA: 12-DEC-2017

**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  
11515 Bolthouse Drive  
Bakersfield, CA 93311

4.1 PHONE 661-323-4222

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 Blood Services

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: Galen Kline, Director of QA & RA  
11515 Bolthouse Drive  
Bakersfield, CA 93311

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

7.1 EMAIL ADDRESS  
7.2 PHONE

**8. REPORTING OFFICIAL'S SIGNATURE**

8.1 TYPED NAME Galen Kline, Director of QA & RA  
8.2 EMAIL ADDRESS gkline@hccb.com  
8.3 PHONE 661-616-2512  
8.4 DATE 12-15-17

**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
- BROKERWAREHOUSE
- OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM

**11. PRODUCTS**

PRODUCT	ALLOGENIC	AUTOLOGOUS	DIRECTED	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR TESTED (7)	TEST (8)	STORE and DISTRIBUTE to OTHERS (9)
WHOLE BLOOD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X					X			X
RED BLOOD CELLS (RBC)						X	X	X	X			X
RBC FROZEN												
RBC DEGLYCEROLIZED												
RBC REJUVENATED												
RBC REJUVENATED FROZEN												
RBC REJUVENATED DEGLYCEROLIZED												
CRYOPRECIPITATED AHF												X
PLATELETS						X		X				X
LEUKOCYTES/GRANULOCYTES												
PLASMA												
PLASMA CRYOPRECIPITATE REDUCED												
FRESH FROZEN PLASMA						X	X					X
LIQUID PLASMA												
THERAPEUTIC EXCHANGE PLASMA												
SOURCE LEUKOCYTES												
SOURCE PLASMA												
RECOVERED PLASMA							X					X
BLOOD PRODUCTS FOR DIAGNOSTIC USE												
BLOOD BANK REAGENTS												
OTHER												