

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

1. REGISTRATION NUMBER
FEI: 1070402
CFN: 1070402
2. U.S. LICENSE NUMBER
1836

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

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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.

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DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 01-JAN-2010
PRINTED BY FDA: 05-JAN-2010

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)

Kentucky Blood Center, Inc.
3121 Beaumont Centre Circle
Lexington, KY 40513-1709

4.1 PHONE 859-276-2534

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.)

Kentucky Blood Center

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

Kentucky Blood Center, Inc.
ATTN: Debra Bowman, Director of Quality Assurance
3121 Beaumont Centre Circle
Lexington, KY 40513-1709

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

8.1 TYPED NAME Debra Bowman, Director of Quality Assurance

8.2 E-MAIL ADDRESS dbowman@kybloodcenter.org

8.3 PHONE 859-519-3717

8.4 DATE

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

	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	1	X				X		X	X
RED BLOOD CELLS (RBC)	2		X	X	X	X		X	X
RBC FROZEN	3			X				X	X
RBC DEGLYCEROLIZED	4			X		X		X	X
RBC REJUVENATED	5			X		X		X	X
RBC REJUVENATED FROZEN	6			X				X	X
RBC REJUVENATED DEGLYCEROLIZED	7			X		X		X	X
CRYOPRECIPITATED AHF	8			X				X	X
PLATELETS	9		X	X		X		X	X
LEUKOCYTES/GRANULOCYTES	10		X			X		X	X
PLASMA	11								
PLASMA CRYOPRECIPITATE REDUCED	12			X				X	X
FRESH FROZEN PLASMA	13		X	X		X		X	X
LIQUID PLASMA	14								
THERAPEUTIC EXCHANGE PLASMA	15								
SOURCE LEUKOCYTES	16								
SOURCE PLASMA	17								
RECOVERED PLASMA	18			X				X	X
BLOOD PRODUCTS FOR DIAGNOSTIC USE	19								
BLOOD BANK REAGENTS	20								
OTHER	21								

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

1. REGISTRATION NUMBER

FEL: 3007689681

CFN:

2. U.S. LICENSE NUMBER

1836

3. REASON FOR SUBMISSION

- 1 ANNUAL REGISTRATION
- 2 INITIAL REGISTRATION
- 3 CHANGE IN INFORMATION

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DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 01-JAN-2010
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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)

Kentucky Blood Center, Inc.
3130 Maple Leaf Dr.
Lexington, KY 40509

4.1 PHONE 859-327-3223

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.)

Kentucky Blood Center - Andover

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

Kentucky Blood Center, Inc.
ATTN: Debra D. Bowman
3121 Beaumont Centre Circle
Lexington, KY 40513

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

8.1 TYPED NAME Debra D. Bowman

8.2 E-MAIL ADDRESS dbowman@kybloodcenter.org

8.3 PHONE 859-519-3717

8.4 DATE

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	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	1	X							
RED BLOOD CELLS (RBC)	2		X						
RBC FROZEN	3								
RBC DEGLYCEROLIZED	4								
RBC REJUVENATED	5								
RBC REJUVENATED FROZEN	6								
RBC REJUVENATED DEGLYCEROLIZED	7								
CRYOPRECIPITATED AHF	8								
PLATELETS	9		X						
LEUKOCYTES/GRANULOCYTES	10								
PLASMA	11		X						
PLASMA CRYOPRECIPITATE REDUCED	12								
FRESH FROZEN PLASMA	13								
LIQUID PLASMA	14								
THERAPEUTIC EXCHANGE PLASMA	15								
SOURCE LEUKOCYTES	16								
SOURCE PLASMA	17								
RECOVERED PLASMA	18								
BLOOD PRODUCTS FOR DIAGNOSTIC USE	19								
BLOOD BANK REAGENTS	20								
OTHER	21								

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

1. REGISTRATION NUMBER

FEI: 1048401

CFN: 1048401

2. U.S. LICENSE NUMBER

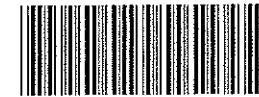
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3. REASON FOR SUBMISSION

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- 3 CHANGE IN INFORMATION

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DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 01-JAN-2010
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4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)

Kentucky Blood Center, Inc.
120 South Highway 27, Suite 4
Somerset, KY 42501-1779

4.1 PHONE 606-679-7413

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.)

Kentucky Blood Center
Kentucky Blood Center - Somerset

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

Kentucky Blood Center, Inc.
ATTN: Debra Bowman, Director of Quality Assurance
3121 Beaumont Centre Circle
Lexington, KY 40513-1709

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

8.1 TYPED NAME Debra Bowman, Director of Quality Assurance

8.2 E-MAIL ADDRESS dbowman@kybloodcenter.org

8.3 PHONE 859-519-3717

8.4 DATE

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.)

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- 2 HOSPITAL BLOOD BANK
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U.S. LICENSE NUMBER OF PARENT FIRM

11. PRODUCTS

	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)
<input checked="" type="checkbox"/> ALLOGENEIC <input checked="" type="checkbox"/> AUTOLOGOUS <input checked="" type="checkbox"/> DIRECTED									
WHOLE BLOOD	1	X							
RED BLOOD CELLS (RBC)	2		X						
RBC FROZEN	3								
RBC DEGLYCEROLIZED	4								
RBC REJUVENATED	5								
RBC REJUVENATED FROZEN	6								
RBC REJUVENATED DEGLYCEROLIZED	7								
CRYOPRECIPITATED AHF	8								
PLATELETS	9		X						
LEUKOCYTES/GRANULOCYTES	10								
PLASMA	11		X						
PLASMA CRYOPRECIPITATE REDUCED	12								
FRESH FROZEN PLASMA	13								
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER

FEI: 1000220419

CFN: 1529149

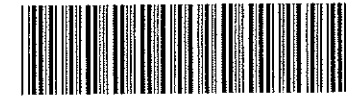
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Kentucky Blood Center, Inc.
472 South Mayo Trail
Pikeville, KY 41501

4.1 PHONE 606-432-4979

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.)

Kentucky Blood Center - Pikeville

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

Kentucky Blood Center, Inc.
ATTN: Debra Bowman, Director of Quality Assurance
3121 Beaumont Centre Circle
Lexington, KY 40513-1709

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8.1 TYPED NAME Debra Bowman, Director of Quality Assurance

8.2 E-MAIL ADDRESS dbowman@kybloodcenter.org

8.3 PHONE 859-519-3717

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- COLLECTION FACILITY
- DISTRIBUTION CENTER
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- OTHER (Specify):

1836
U.S. LICENSE NUMBER OF PARENT FIRM

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	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DOHOR RETESTED	TEST	STORE and DISTRIBUTE to OTHERS
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<input checked="" type="checkbox"/> ALLOGENEIC									
<input checked="" type="checkbox"/> AUTOLOGOUS									
<input checked="" type="checkbox"/> DIRECTED									
WHOLE BLOOD	1	X							
RED BLOOD CELLS (RBC)	2		X						
RBC FROZEN	3								
RBC DEGLYCEROLIZED	4								
RBC REJUVENATED	5								
RBC REJUVENATED FROZEN	6								
RBC REJUVENATED DEGLYCEROLIZED	7								
CRYOPRECIPITATED AHF	8								
PLATELETS	9		X						
LEUKOCYTES/GRANULOCYTES	10								
PLASMA	11		X						
PLASMA CRYOPRECIPITATE REDUCED	12								
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