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

1. REGISTRATION NUMBER
   FEE: 2074237
   CFN: 2074237

2. U.S. LICENSE NUMBER

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

PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your legal name or actual location in Item 1, 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 4 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 existing 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)
   UCLA Medical Center
   10833 Le Conte, Rm A4-239
   Los Angeles, CA 90025-1713
   4.1 PHONE: 310-267-8150

5. OTHER NAMES USED AT THIS LOCATION (Include trade name, doing-business-as, previous names, and other firms connected. If applicable, include registration number.)
   Ronald Reagan UCLA Medical Center

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)
   Ronald Reagan UCLA Medical Center Blood Bank
   ATTN: Alyssa Ziman, MD
   Ronald Reagan UCLA Medical Center
   757 Westwood Plaza
   Clinical Labs, B403
   Los Angeles, CA 90095-7418

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

8. REPORTING OFFICIAL's SIGNATURE
   8.1 NAME: Alyssa Ziman, MD
   8.2 E-MAIL ADDRESS: aziman@mednet.ucla.edu
   8.3 PHONE: 310-267-8090

DISTRIBUTION OFFICE: Los Angeles
VALIDATED BY FDA: 02-JUN-2014
PRINTED BY FDA: 06-JAN-2015

9. TYPE OF OWNERSHIP
    1. SINGLE PROPRIETORSHIP
    2. PARTNERSHIP
    3. CORPORATION profit, nonprofit
    4. COOPERATIVE ASSOCIATION
    5. FEDERAL (non-hospital)
    6. U.S. MILITARY
    7. STATE
    8. COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
    9. OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or unusual operations)
    1. COMMUNITY (NON-HOSPITAL) BLOOD BANK
    2. HOSPITAL BLOOD BANK
    3. PLASMA/PHLEBOTOMY CENTER
    4. PRODUCT TESTING LABORATORY
    5. INDEPENDENT
    6. ASSOCIATED W/ COMMUNITY OR HOSPITAL BLOOD BANK
    7. HOSPITAL TRANSFUSION SERVICE
    8. APPROVED FOR MEDICARE REIMBURSEMENT
    9. NOT APPROVED FOR MEDICARE REIMBURSEMENT
    10. COLLECTION FACILITY
    11. DISTRIBUTION CENTER
    12. BROKER/MARROW
    13. OTHER (Specify):

11. PRODUCTS
    1. WHOLE BLOOD
    2. RED BLOOD CELLS (RBC)
    3. PLATELETS
    4. PLASMA
    5. OTHER (Specify)

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<th>COLLECT</th>
<th>MANUAL APHRESIS</th>
<th>AUTOMATED APHRESIS</th>
<th>DEPACK</th>
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12. U.S. LICENSE NUMBER OF PARENT FIRM

FORM FDA 3530 (12/2000)
PREVIOUS EDITION IS OBSOLETE