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

1. **REGISTRATION NUMBER**  
   - FPE: 2074237  
   - CEN: 2074237

2. **U.S. LICENSE NUMBER**

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

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 90095-1713

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.)  
   - 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. **E-MAIL ADDRESS**

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/SPHERES 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):

11. **PRODUCTS**

<table>
<thead>
<tr>
<th></th>
<th>COLLECT</th>
<th>UNCONTROLLED Apheresis</th>
<th>AUTOMATED Apheresis</th>
<th>PREPARE</th>
<th>LYSOCRITICAL REDUCTED</th>
<th>IRRADIATED</th>
<th>OXIDIZED</th>
<th>TEST</th>
<th>STORE AND DISTRIBUTION MOTHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHOLE BLOOD</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>RED BLOOD CELLS (RBC)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>RBC FROZEN</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>RBC DEGlycerolized</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>RBC REJUVENATED</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>RBC REJUVENATED FROZEN</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>RBC REJUVENATED DEGlycerolized</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Cryoprecipitated AHF</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>PLATELETS</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>LEUKOCYTES/GRANULOCYTES</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Plasma Cryoprecipitated</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Fresh Frozen Plasma</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Liquid Plasma</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Therapeutic Exchange Plasma</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Source Leukocytes</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Source Plasma</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Recovered Plasma</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Blood Products for Diagnostic Use</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Blood Bank Reagents</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Other Pathogen Reduced Platelets</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

X = Present  

8.4 DATE: C3-08-2017

FORM FDA 2230  (2/2015)  PREVIOUS EDITION IS OBSOLETE