See Instructions for OMB Statement. FORM APPROVED:OMB No.0910-0543. Expiration Date: 6/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps)

(See reverse side for instructions)

1. REGISTRATION NUMBER (FDA Establishment Identifier)

FEI: 0001046616

2. REASON FOR SUBMISSION

- a. ☐ INITIAL REGISTRATION / LISTING
- b. ☒ ANNUAL REGISTRATION / LISTING
- c. ☐ CHANGE IN INFORMATION
- d. ☐ INACTIVE

VALIDATION--FOR FDA USE ONLY 1
VALIDATED BY FDA:16-NOV-2017
DISTRICT: Atlanta
PRINTED BY FDA:27-JAN-2018

PART I - ESTABLISHMENT INFORMATION

3. OTHER FDA REGISTRATIONS

a. BLOOD FDA 2830 NO. FEI: 0001046616

b. DEVICES FDA 2891 NO.

c. DRUG FDA 2656 NO.

4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code)

Walter L. Shepeard Community Blood Center

1533 Wrightsboro Road
Augusta, Georgia 30904

a. PHONE 706-737-4551 EXT

b. ☐ SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO._____

c. ☐ TESTING FOR MICRO-ORGANISMS ONLY

5. ENTER CORRECTIONS TO ITEM 4

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

Walter L. Shepeard Community Blood Center
Attn: Jane Miller, MBA,MT(ASCP)
1533 Wrightsboro Road
Augusta, Georgia 30904

a. PHONE 706-737-4551 EXT

7. ENTER CORRECTIONS TO ITEM 6 b. PHONE

8. U.S. AGENT

a. E-MAIL

9. REPORTING OFFICIAL'S SIGNATURE

Jane Miller 28 JAN 2018

a. TYPED NAME Jane Miller, MBA,MT(ASCP)

b. E-MAIL jmiller@shepeardblood.org

c. TITLE Director of Quality Assurance d. DATE 16-NOV-2017

PART II - PRODUCT INFORMATION

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps

Types of HCT / Ps	Establishment Functions: Recover	Screen	Test	Package	Process	Store	Label	Distribute	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)
a. Bone												
b. Cartilage												
c. Cornea												
d. Dura Mater												
e. Embryo ☐ SIP ☐ Directed ☐ Anonymous												
f. Fascia												
g. Heart Valve												
h. Ligament												
i. Oocyte ☐ SIP ☐ Directed ☐ Anonymous												
j. Pericardium												
k. Peripheral Blood Stem ☒ Autologous ☐ Family Related ☒ Allogeneic			X						X		X	
l. Sclera												
m. Semen ☐ SIP ☐ Directed ☐ Anonymous												
n. Skin												
o. Somatic Cell Therapy Products ☐ Autologous ☐ Family Related ☐ Allogeneic												
p. Tendon												
q. Umbilical Cord Blood ☐ Autologous ☐ Family Related ☐ Allogeneic												
r. Vascular Graft												
s.												
t.												
u.												
v.												