

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

1. REGISTRATION NUMBER
 FBI: 2183472
 CFN: 2183472

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

2. U.S. LICENSE NUMBER

FOR FDA USE ONLY

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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.

This form is authorized by Sections 510(b), (f) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (f) and 374). Failure to report this information is a violation of Section 301(f) and (f) of the Act (Title 21, United States Code 331(f) and (f)) 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: Atlanta
 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)

Laboratory Corporation of America-ViroMed Laboratories
 1447 York Court
 Burlington, NC 27215

4.1 PHONE 800-582-0077

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.)

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

Laboratory Corporation of America - ViroMed Laboratories
 ATTN: Michael Roberts
 1447 York Court
 Burlington, NC 27215

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

Michael Roberts

8.1 TYPED NAME Michael Roberts
8.2 E-MAIL ADDRESS robertm@labcorp.com
8.3 PHONE 336-436-3555

8.4 DATE 1/2/18

- 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	ALLOGENIC	AUTOLOGOUS	DIRECTED	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
RED BLOOD CELLS (RBC)											X	
RBC FROZEN												
RBC DEGLYCEROLIZED												
RBC REJUVENATED												
RBC REJUVENATED FROZEN												
RBC REJUVENATED DEGLYCEROLIZED												
CRYOPRECIPITATED AHF												
PLATELETS												
LEUKOCYTES/GRANULOCYTES											X	
PLASMA											X	
PLASMA CRYOPRECIPITATE REDUCED												
FRESH FROZEN PLASMA											X	
LIQUID PLASMA											X	
THERAPEUTIC EXCHANGE PLASMA												
SOURCE LEUKOCYTES											X	
SOURCE PLASMA											X	
RECOVERED PLASMA												
BLOOD PRODUCTS FOR DIAGNOSTIC USE											X	
BLOOD BANK REAGENTS												
OTHER Serum											X	