**FORM FDA 2830 (05/2015)**

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

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.

**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.

Texas Health Presbyterian Hospital of Dallas
Blood Bank, Lower Level 1 Hamon Tower
8200 Walnut Hill Lane
Dallas, TX 75231

**4.1 PHONE** 214-345-7764

### 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.

Texas Health Presbyterian Hospital of Dallas
ATTN: Mary Josephine P. Jimenez
8200 Walnut Hill Lane
Lower Level 1 Hamon Tower
Dallas, TX 75231

**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

**1. REGISTRATION NUMBER**

FEI: 1675891
CFN: 1675891

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

### 3. REASON FOR SUBMISSION

- Annual Registration
- Initial Registration
- Change in Information

### 9. TYPE OF OWNERSHIP

- Single Proprietorship
- Partnership
- Corporation (profit)
- Corporation (non-profit)
- Cooperative Association

### 10. TYPE ESTABLISHMENT

- Community (Non-Hospital) Blood Bank
- Hospital Blood Bank
- Plasmapheresis Center
- Product Testing Laboratory
- Hospital Transfusion Service
- Approved for Medicare Reimbursement
- Not Approved for Medicare Reimbursement

### 11. PRODUCTS

- Whole Blood
- Red Blood Cells (RBC)
- RBC Frozen
- RBC Deglycerolized
- RBC Rejuvenated
- RBC Rejuvenated Frozen
- Cryoprecipitated AHF
- Platelets
- Leukocytes/Granulocytes
- Plasma
- Plasma Cryoprecipitate Reduced
- Fresh Frozen Plasma
- Liquid Plasma
- Therapeutic Exchange Plasma
- Source Leukocytes
- Source Plasma
- Recovered Plasma
- Blood Products for Diagnostic Use
- Blood Bank Reagents
- Other

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This form is authorized by Sections 510(b), (j) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (j) and 374). Failure to report this information is a violation of Section 301(f) and (p) of the Act (Title 21, United States Code 331(f) and (p)) 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 33.3(a)).