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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | <b>FEI:</b> 2974534<br><b>DUNS:</b> 078426273<br><b>U.S. License Number:</b><br>1835  | <b>REASON FOR SUBMISSION</b><br>Annual Registration               | <b>DISTRICT OFFICE:</b> San Francisco<br><br><b>VALIDATED BY FDA:</b> 12/14/2018 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>Houchin Community Blood Bank<br>11515 Bolthouse Drive<br>Bakersfield, CA 93311 USA<br><br>661-323-4222  | <b>REPORTING OFFICIAL:</b><br>Galen Kline, Director of Quality Assurance<br>Houchin Community Blood Bank<br>11515 Bolthouse Drive<br><br>Bakersfield, CA 93311 USA<br>661-616-2512<br>gkline@hccb.com | <b>U.S. AGENT:</b>  |  |
| <b>OTHER NAMES USED IN THIS LOCATION:</b><br>Houchin Blood Services; Houchin Blood Services  | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b><br>ALLOGENIC, AUTOLOGOUS, DIRECTED   | <b>ESTABLISHMENT TYPE:</b><br>COMMUNITY (NON-HOSPITAL) BLOOD BANK |  |

| PRODUCT               | COLLECT | MANUAL APHERESIS | AUTOMATED APHERESIS | PREPARE | LEUKOCYTES REDUCED | IRRADIATED | DONOR RETESTED | TEST | STORE AND DISTRIBUTE TO OTHERS | BACTERIAL TESTING | PATHOGEN REDUCED | POOLED |
|-----------------------|---------|------------------|---------------------|---------|--------------------|------------|----------------|------|--------------------------------|-------------------|------------------|--------|
| WHOLE BLOOD           | X       |                  |                     |         |                    | X          |                |      | X                              |                   |                  |        |
| RED BLOOD CELLS (RBC) |         |                  | X                   | X       | X                  | X          |                |      | X                              |                   |                  |        |
| CRYOPRECIPITATED AHF  |         |                  |                     |         |                    |            |                |      | X                              |                   |                  |        |
| PLATELETS             |         |                  | X                   |         | X                  | X          |                |      | X                              |                   |                  |        |
| FRESH FROZEN PLASMA   |         |                  | X                   | X       |                    |            |                |      | X                              |                   |                  |        |
| RECOVERED PLASMA      |         |                  |                     | X       |                    |            |                |      | X                              |                   |                  |        |

\*\*\*\*\* End Of Report \*\*\*\*\*