DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES	FEI: 1073105 DUNS: 148189517 U.S. License Number:	REASON FOR SUBMISSION Change in Information	VALIDATED BY FDA: 10/02/2024		
LEGAL NAME AND LOCATION: Transfusion Medicine Service University of North Carolina Ho 1021 East Wing 101 Manning Drive Chapel Hill, NC 27514 USA	REPORTING OFFICIAL: Matthew S. Karafin Transfusion Medicine Service U 1021 East Wing 101 Manning Drive Chapel Hill, NC 27514 USA 984-974-1578 matthew.karafin@unchealth.unc	·	U.S. AGENT:		
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: STATE DONOR/RECIPIENT RELATIO ALLOGENIC, AUTOLOGOUS,		ESTABLISHMENT TYPE: 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								Х				
RED BLOOD CELLS (RBC)				Х	Х	Х		Х				
RBC FROZEN				Х		Х		Х				
RBC DEGLYCEROLIZED				Х		Х		Х				
RBC WASHED				Х		Х		Х				
RBC REJUVENATED				Х				Х				
CRYOPRECIPITATED AHF												Х
PLATELETS			Х	Х	х	Х		Х	Х		Х	
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)						Х						
PLATELETS WASHED						Х						

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PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	-	PATHOGEN REDUCED	POOLED
GRANULOCYTES						Х		Х				
PLASMA			Х	Х				Х				
FRESH FROZEN PLASMA			Х	Х				Х				
LIQUID PLASMA						Х						

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