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	PEI: 1671283 REASON FOR SUBMISSION DUNS: 076927052 Annual Registration U.S. License Number: 1637	DISTRICT OFFICE:Dallas VALIDATED BY FDA: 10/02/2023
LEGAL NAME AND LOCATION: Coastal Bend Blood Center 209 N. Padre Island Drive Corpus Christi, TX 78406 USA	REPORTING OFFICIAL: R. Corey Survant, President and CEO Coastal Bend Blood Center 209 North Padre Island Drive	U.S. AGENT:
361-855-4943	Corpus Christi, TX 78406 USA 361-855-4943 csurvant@coastalbendbloodcenter.org	
OTHER NAMES USED IN THIS LOCATION: previous name: Nueces County Medical Society Community Blood	TYPE OF OWNERSHIP: CORPORATION	ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK
Bank (818); Nueces County Medical Society Community Blood Bank	DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	

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				х	X		Х	X		Andrew Comment	
RED BLOOD CELLS (RBC)			Х	Х	х	Х		Х	X			
RBC FROZEN		1000				Х			X			
RBC DEGLYCEROLIZED						Х		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	X			
RBC WASHED		The second secon	700			Х			X			
CRYOPRECIPITATED AHF			-	Х				Х	X			Х
PLATELETS			Х	Х	x	Х		X	×	×		Х
PLATELETS EXTENDED DATING			Х	Х	X	X		Х	X	X		
GRANULOCYTES									х			·
PF24 PLASMA	A COURT		х	Х		х	The state of the s	X	X	y energy, e ger e ger e energy maggery, e nyge, ger e		

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FRESH FROZEN PLASMA			X	Х		х		Х	×	MANUAL PROCESSION AND ADDRESS OF THE		
PLASMA CRYOPRECIPITATED REDUCED			Jones - Jones	Х				Χ	X			
LIQUID PLASMA			000000	x		x		Х	X			
RECOVERED PLASMA			300	Х				X	×			

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