

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

1. REGISTRATION NUMBER
 FEI: 3006339676
 CFN:
2. U.S. LICENSE NUMBER

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

FOR FDA USE ONLY

DISTRICT OFFICE: Dallas
 VALIDATED BY FDA: 27-DEC-2017
 PRINTED BY FDA: 08-JAN-2018

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 333(a)).

9. TYPE OF OWNERSHIP
 SINGLE PROPRIETORSHIP
 PARTNERSHIP
 CORPORATION profit non-profit
 COOPERATIVE ASSOCIATION
 FEDERAL (non-military)
 U.S. MILITARY
 STATE
 COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
 OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)
 COMMUNITY (NON-HOSPITAL) BLOOD BANK
 HOSPITAL BLOOD BANK
 PLASMAPHERESIS CENTER
 PRODUCT TESTING LABORATORY
 a. INDEPENDENT
 ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
 b. HOSPITAL TRANSFUSION SERVICE
 APPROVED FOR MEDICARE REIMBURSEMENT
 NOT APPROVED FOR MEDICARE REIMBURSEMENT
 COMPONENT PREPARATION FACILITY
 COLLECTION FACILITY
 DISTRIBUTION CENTER
 BROKER/WAREHOUSE
 OTHER (Specify): U.S. LICENSE NUMBER OF PARENT FIRM

11. PRODUCTS

ALLOGENIC	AUTOLOGOUS	DIRECTED	COLLECT	MANUAL APHERESIS	APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTION TO OTHERS (9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WHOLE BLOOD							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RED BLOOD CELLS (RBC)							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RBC FROZEN							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RBC DEGLYCEROLIZED							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RBC REJUVENATED							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RBC REJUVENATED FROZEN							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RBC REJUVENATED DEGLYCEROLIZED							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRYOPRECIPITATED AHF							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLATELETS							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEUKOCYTES/GRANULOCYTES							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLASMA							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLASMA CRYOPRECIPITATE REDUCED							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRESH FROZEN PLASMA							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIQUID PLASMA							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THERAPEUTIC EXCHANGE PLASMA							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOURCE LEUKOCYTES							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOURCE PLASMA							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECOVERED PLASMA							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRODUCTS FOR DIAGNOSTIC USE							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLOOD BANK REAGENTS							X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER T-Cells							X	

4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)
 QualTex Laboratories
 6211 IH 10 West at First Park Ten Blvd
 San Antonio, TX 78201

4.1 PHONE 888-789-5227

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.)
 South Texas Blood and Tissue Center

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)
 QualTex Laboratories
 ATTN: Ward Carter
 6211 IH 10 West
 San Antonio, TX 78201

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
 8.1 TYPED NAME Ward Carter
 8.2 E-MAIL ADDRESS ward.carter@qualtexlabs.org
 8.3 PHONE 210-731-5508 8.4 DATE