

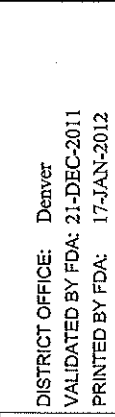
**1. REGISTRATION NUMBER**  
 FBI: 1000477683  
 CFN: 1724946

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

**3. REASON FOR SUBMISSION**

1.  ANNUAL REGISTRATION  
 2.  INITIAL REGISTRATION  
 3.  CHANGE IN INFORMATION

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



This form is authorized by Sections 510(b), (i) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (i) 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 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)).

**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.

**9. TYPE OF OWNERSHIP**

1.  SINGLE PROPRIETORSHIP  
 2.  PARTNERSHIP  
 3.  CORPORATION profit  non-profit  
 4.  COOPERATIVE ASSOCIATION  
 5.  FEDERAL (non-military)  
 6.  U.S. MILITARY  
 7.  STATE  
 8.  COUNTY/MUNICIPAL/HOSPITAL AUTHORITY  
 9.  OTHER (Specify):

**10. TYPE ESTABLISHMENT** (Check all boxes that describe routine or autologous operations.)

1.  COMMUNITY (NON-HOSPITAL) BLOOD BANK  
 2.  HOSPITAL BLOOD BANK  
 3.  PLASMAPHERESIS CENTER  
 4.  PRODUCT TESTING LABORATORY  
 5.  INDEPENDENT  
 6.  ASSOCIATED w/ COMMUNITY or HOSPITAL BLOOD BANK  
 7.  HOSPITAL TRANSFUSION SERVICE  
 8.  APPROVED FOR MEDICARE REIMBURSEMENT  
 9.  NOT APPROVED FOR MEDICARE REIMBURSEMENT  
 10.  COMPONENT PREPARATION FACILITY  
 11.  COLLECTION FACILITY  
 12.  DISTRIBUTION CENTER  
 13.  BROKER/WAREHOUSE  
 14.  OTHER (Specify):

**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)  
 LABS, Inc  
 6933-B South Revere Parkway  
 Centennial, CO 80112

4.1 PHONE 303-365-9000

**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.)

**11. PRODUCTS**

ALLOGENEIC  AUTOLOGOUS  DIRECTED

COLLECT (1)

1. WHOLE BLOOD  
 2. RED BLOOD CELLS (RBC)  
 3. RBC FROZEN  
 4. RBC DEGLYCEROLIZED  
 5. RBC REJUVENATED  
 6. RBC REJUVENATED FROZEN  
 7. RBC REJUVENATED DEGLYCEROLIZED  
 8. CRYOPRECIPITATED AHF  
 9. PLATELETS  
 10. LEUKOCYTES/GRANULOCYTES  
 11. PLASMA  
 12. PLASMA CRYOPRECIPITATE REDUCED  
 13. FRESH FROZEN PLASMA  
 14. LIQUID PLASMA  
 15. THERAPEUTIC EXCHANGE PLASMA  
 16. SOURCE LEUKOCYTES  
 17. SOURCE PLASMA  
 18. RECOVERED PLASMA  
 19. BLOOD PRODUCTS FOR DIAGNOSTIC USE  
 20. BLOOD BANK REAGENTS  
 21. OTHER Biological Products  
 Recovered Red Cells/Platelets  
 Red Blood Cells Apheresis (Double)

MANUAL APHERESIS (2)

AUTOMATED APHERESIS (3)

PREPARE LEUKOCYTES REDUCED (4)

IRRADIATED (6)

DONOR RETESTED (7)

TEST (8)

STORE AND DISTRIBUTE TO OTHERS (9)

**6. MAILING ADDRESS OF REPORTING OFFICIAL** (Include institution name if applicable, number and street, city, state, country, and post office code)  
 LABS, Inc  
 ATTN: Ann V. Niedzinski  
 6933-B South Revere Parkway  
 Centennial, CO 80112

**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**  
 Ann V. Niedzinski  
 8.1 TYPED NAME Ann V. Niedzinski  
 8.2 E-MAIL ADDRESS ann\_niedzinski@labs-inc.org  
 8.3 PHONE 720-528-4774  
 8.4 DATE

FORM FDA 2830 (11/2000) PREVIOUS EDITION IS OBSOLETE