

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS (HCT/Ps) (See reverse side for instructions)	1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 0001475219	2. REASON FOR SUBMISSION a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:22-NOV-2017 DISTRICT: Chicago PRINTED BY FDA:27-JAN-2018
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION																																																																																																																																																																																																																																																																																																													
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps	11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES																																																																																																																																																																																																																																																																																																											
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a. BLOOD FDA 2830 NO. FEI: 0001475219 b. DEVICES FDA 2891 NO. _____ c. DRUG FDA 2656 NO. _____	Establishment Functions																																																																																																																																																																																																																																																																																																													
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Northern Illinois Blood Bank, Inc. dba Rock River Valley Blood Center 419 N. 6th Street Rockford, Illinois 61107 a. PHONE 815-965-8751 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Types of HCT / Ps</th> <th style="width:5%;">Recover</th> <th style="width:5%;">Screen</th> <th style="width:5%;">Test</th> <th style="width:5%;">Package</th> <th style="width:5%;">Process</th> <th style="width:5%;">Store</th> <th style="width:5%;">Label</th> <th style="width:5%;">Distribute</th> <th style="width:5%;"></th> <th style="width:5%;"></th> <th style="width:5%;"></th> <th style="width:5%;"></th> </tr> <tr> <td>a. 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9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Linda E. Gerber b. E-MAIL lgerber@rrvbc.org c. TITLE CEO d. DATE 21-NOV-2017																																																																																																																																																																																																																																																																																																														