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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | <b>FEI:</b> 1070217<br><b>DUNS:</b> 094064912<br><b>U.S. License Number:</b><br>439  | <b>REASON FOR SUBMISSION</b><br>Annual Registration  | <b>DISTRICT OFFICE:</b> Florida<br><br><b>VALIDATED BY FDA:</b> 11/20/2018 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>Continental Services Group, Inc.<br>1300 N.W. 36th Street<br>Miami, FL 33142 USA<br><br>305-633-7700 x215   | <b>REPORTING OFFICIAL:</b><br>Cheryl Wheeler D. Capik<br>Continental Services Group, Inc.<br>P.O. Box 420-950<br><br>Miami, FL 33242-0950 USA<br>305-633-7700<br>mail@continentalblood.com | <b>U.S. AGENT:</b>   |  |
| <b>OTHER NAMES USED IN THIS LOCATION:</b><br>Continental Blood Bank; Continental Blood Center  | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b><br>ALLOGENIC  | <b>ESTABLISHMENT TYPE:</b><br>COLLECTION FACILITY; COMMUNITY (NON-HOSPITAL)<br>BLOOD BANK; PLASMAPHERESIS CENTER |  |

| 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       |                  |                     |         | X                  |            |                | X    | X                              |                   |                  |        |
| RED BLOOD CELLS (RBC)             |         |                  |                     | X       | X                  |            |                | X    | X                              |                   |                  |        |
| GRANULOCYTES                      |         |                  |                     | X       |                    |            |                | X    | X                              |                   |                  |        |
| SOURCE LEUKOCYTES                 |         |                  | X                   | X       |                    |            |                | X    | X                              |                   |                  |        |
| SOURCE PLASMA                     |         |                  | X                   |         |                    |            |                | X    | X                              |                   |                  |        |
| RECOVERED PLASMA                  |         |                  |                     | X       |                    |            |                | X    | X                              |                   |                  |        |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | X       |                  |                     | X       |                    |            |                | X    | X                              |                   |                  |        |

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