Dear Licensee:
Attached below is your license for the production of Biologics. Your license is void after the expiration date below.

NOTE: Application for renewal of license must be filed with the department not less than 10 days prior to its expiration date and shall be accompanied by the annual renewal fee. Failure to make a timely renewal shall result in expiration of the license.

UCLA MEDICAL CENTER BLOOD BANK
10833 LE CONTE AVE
CHS A4-239, MAIL CODE 171315
LOS ANGELES, CA 90095
OFFSITE COLLECTION:
9613 - UCLA BLOOD & PLATELET CTR ———— LOS ANGELES, CA
9687 - UCLA BLOOD & PLATELET CTR
IN ACKERMAN STUDENT UNICN ———— LOS ANGELES, CA
9686 - UCLA RONALD REAGAN MED CTR ———— LOS ANGELES, CA

California Health and Safety Code, Section 1615. Automatic revocation; new license prior to change; proceedings for denial.
(a) A license shall be automatically revoked when there is a change of address, ownership, or person in charge of biologics production. However, a new license may be secured for the new location, owner or person in charge prior to the actual change, provided the contemplated change is in compliance with all the provisions of this chapter, and regulations pertaining thereto.
(b) Proceedings for denial of license shall be conducted in accordance with Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2 of the Government Code.

QUESTIONS AND INFORMATION:
If you have any questions, please write to:
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Biologics
850 Marina Bay Parkway, Bldg. P-1st Floor
Richmond, CA 94804
Email: LFSBiologics@cdph.ca.gov

OFFSITE DISTRIBUTION:
CALIFORNIA REHABILITATION INST ———— LOS ANGELES, CA

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
LICENSE FOR THE PRODUCTION OF BIOLOGICS
In accordance with Division 2, Chapter 4 of the Health and Safety Code, the entity named below is hereby licensed to engage in the production of human whole blood or blood components at the indicated address and its blood collection centers and/or mobile units.

UCLA MEDICAL CENTER BLOOD BANK

10833 LE CONTE AVE
LOS ANGELES, CA 90095

OWNER(S):

REGENTS OF THE UNIV OF CA

BLOOD BANK ID NUMBER: 9108

MEDICAL DIRECTOR(S):

ALYSSA F. ZIMAN, M.D.
DAWN C. WARD, M.D.
ANDREA MCGONIGLE, M.D.

EXPIRATION DATE: July 25, 2021

ISSUANCE DATE: July 24, 2020

PRODUCTS PRODUCED AND REPORTED TO LABORATORY FIELD SERVICES

CRYOPRECIPITATED AHP – POOLEC
FFP
GRANULOCYTES PHERESIS
IRRADIATED PLATELETS, PHERESIS – LR

IRRADIATED RBCs LR
PLASMA – THAWED (5-DAY)
PLASMA FROZEN WITHIN 24 HRS AFTER PHLEBOTOMY
PLATELETS – PRT

RBCs – PHERESIS – LR
RBCs – WASHED
WHOLE BLOOD
RBCs - LR

Robert J. Thomas
Branch Chief, Laboratory Field Services