

Blood Establishment Registration



CBER On-Line - Login Screen

Use the CBER On-line system to make these electronic submissions online:
Blood Establishment Registration (Form FDA 2830)
Tissue Establishment Registration (Form FDA 3356)
Biological Product Deviation Reporting (Form FDA 3486)

New CBER On-Line Users
New users must first create an account. [Create a New Account.](#)

If you need further assistance e-mail us with your account information: [Contact CBER On-Line Technical Support](#)

Existing account holders may login by entering your user name and password below.

Create New Account

See Instructions

Contact Support

*User Name:

*Password:

[Forgot your User Name or Password?](#)

*Application:

REMINDER: User Names and Passwords are CASE SENSITIVE

LOGIN

*Required



CBER On-Line - Main Menu

Production Applications

[Biological Product Deviation Reporting
\(eBPDR\)](#)

[Blood Establishment Registration \(eBER\)](#)

[HCT/P Establishment Registration
\(eHCTERS\)](#)

Welcome to the CBER On-Line

Exit CBER On-Line Application

Edit Current Account

Change Password

CBER On-Line Version 1.8.0

Page Updated 12/18/2008

[Contact CBER On-Line Technical Support](#) | [Help](#) | [Release Notes](#) | [Log Out](#)



Blood Establishment Registration - Select Establishment

Last Session Login: 02/09/2018 15:36:40

If your establishment has never registered before:
(Either here online or by completing a FORM FDA 2830)
Select the **Initial Registration** button below.

If you want to edit the list of establishments you have access to or request access to an existing establishment's registration information: Select the **Edit User Establishments Profile** button below.

If you are updating your establishment registration information: Enter either your FDA Establishment Identifier (FEI) or Central File Number (CFN) in the appropriate box below.
If you are returning to complete a form started in a previous session enter the Pre-Confirmation Number below.
Then Select the **Edit This Establishment** button below.

Frequently Asked Questions

*FDA Establishment Identifier (FEI):

OR *Central File Number (CFN):

OR *Pre-Confirmation Number:

*Required

Edit This Establishment

Initial Registration

Clear

Edit User Establishments Profile

View All Active Users

CBER On-Line Main Menu



Blood Establishment Registration - Registration Profile

USER ESTABLISHMENTS

Enter the Registration number [either FEI or CFN] and the most recent Validated Date of the establishment for which you want to request access.

*Registration Type: FEI
 CFN

*Registration Number:

*Validated Date: (mm/dd/yyyy)

* Required

Blood Establishment Registration - Status

Facility's Current Production Status: ACTIVE

Please enter the current status of this Blood Establishment Registration. Only an Active Status will allow you to modify Establishment information. Inactive Status will only allow review and submission of the FORM FDA 2830.

***Enter Current Status**

-----Select Status -----

- Active - Annual Registration
- Active - Change in Information
- Inactive Exempt
- Inactive Closed
- Inactive Temporary

***Required**

Continue

Refresh

ER On-Line Main Menu

FORM FDA 2830 (5/15) Form Approved: OMB No.0910-0052
Expiration Date: May 31, 2018 Previous Editions are Obsolete
eBER v1.14.00
Updated 11/14/2014



Legal Name:

Pre-Confirm Number: 36140

Today's Date: 02/14/2018

Location	Report Official	U.S. Agent	Owner Type	Estab Type	Products	Report	Save
----------	-----------------	------------	------------	------------	----------	--------	------

Blood Establishment Registration - Legal Name/Location

License Number Parent Lic. No.

FEI CFN

*Legal Name

*Address

*City

*State *Zip

*Country

Phone(xxx-xxx-xxxx) Extension
Foreign(Country-City-Local)

*Required

Other Names used at this Location

**ADD other names used at this location

Continue	Clear	Refresh	Change Facility	CBER On-Line Main Menu
----------	-------	---------	-----------------	------------------------



Legal Name:

Pre-Confirm Number: 36140

Today's Date: 02/14/2018

Location	Report Official	U.S. Agent	Owner Type	Estab Type	Products	Report	Save
----------	-----------------	------------	------------	------------	----------	--------	------

Blood Establishment Registration - Other Names

*Name

*Reported Date mm/dd/yyyy

*Required

Add This Name	Return to Establishment Location Form [does not save]
---------------	---

FORM FDA 2830 (5/15) Form Approved: OMB No.0910-0052
Expiration Date: May 31, 2018 Previous Editions are Obsolete
eBER v1.14.00
Updated 06/27/2014



Legal Name:

Pre-Confirm Number: 36140

Today's Date: 02/14/2018

Location	Report Official	U.S. Agent	Owner Type	Estab Type	Products	Report	Save
----------	-----------------	------------	------------	------------	----------	--------	------

Blood Establishment Registration - Reporting Official

Organization

***Reporting Official Name**
(First / Middle Initial / Last) / /

In Care Of

***Address**

***City**

***State** ***Zip**

***Country**

Phone(XXX-XXX-XXXX) Extension

Foreign Phone (Country-City-Local)

E-Mail

***Required**

Continue	Clear	Refresh	Change Facility	CBER On-Line Main Menu
----------	-------	---------	-----------------	------------------------



Legal Name:

Pre-Confirm Number: 36142

Today's Date: 02/14/2018

Location	Report Official	U. S. Agent	Owner Type	Estab Type	Products	Report	Save
----------	-----------------	-------------	------------	------------	----------	--------	------

Blood Establishment Registration - U.S. Agent

Your establishment is located in the United States. You are not required to have a U.S. Agent. We will not save U.S. Agent information for establishments located in the U.S.

Organization

***US Agent Name**
(First / Middle Initial / Last) / /

In Care Of

***Address**

***City**

***State** ***Zip**

Country United States

E-Mail

***Phone(xxx-xxx-xxxx)** Extension

***Required**

Continue	Clear	Refresh	Change Facility	CBER On-Line Main Menu
----------	-------	---------	-----------------	------------------------



Legal Name:

Pre-Confirm Number: 36140

Today's Date: 02/14/2018

Location	Report Official	U.S. Agent	Owner Type	Estab Type	Products	Report	Save
----------	-----------------	------------	------------	------------	----------	--------	------

Blood Establishment Registration - Owner Type

*Type of Ownership

- Single Proprietorship
- Partnership
- Corporation > Profit Non-Profit
- Cooperative Association
- Federal (non-military)
- U.S. Military
- State
- County/Municipal/Hospital Authority
- Other

*Required

Continue	Clear	Refresh	Change Facility	CBER On-Line Main Menu
----------	-------	---------	-----------------	------------------------



Legal Name:

Pre-Confirm Number: 36140

Today's Date: 02/14/2018

Location	Report Official	U.S. Agent	Owner Type	Estab Type	Products	Report	Save
----------	-----------------	------------	------------	------------	----------	--------	------

Blood Establishment Registration - Establishment Type

*Establishment Type

- Community (Non-Hospital) Blood Bank
- Hospital Blood Bank
- Plasmapheresis Center
- Product Testing Lab >> Independent Associated with Community or Hospital Blood Bank
- Hospital Transf. Svc. >> Approved Medicare Not Approved Medicare
- Component Preparation Facility
- Collection Facility
- Distribution Center
- Broker/Warehouse
- Other

*Required

Continue	Clear	Refresh	Change Facility	CBER On-Line Main Menu
----------	-------	---------	-----------------	------------------------



Legal Name: _____
 Pre-Confirm Number: 36140 Todays Date: 02/14/2018

Blood Establishment Registration - Products

Donor Types <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Allogeneic Autologous Directed	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE AND DISTRIBUTE TO OTHERS (9)
(1) WHOLE BLOOD	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(2) RED BLOOD CELLS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(3) RED BLOOD CELLS FROZEN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) RED BLOOD CELLS DEGLYCEROLIZED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) RED BLOOD CELLS REJUVENATED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(6) RED BLOOD CELLS REJUVENATED FROZEN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) RED BLOOD CELLS REJUVENATED DEGLYCEROLIZED				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) CRYOPRECIPITATED AHF				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) PLATELETS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(10) LEUKOCYTES/GRANULOCYTES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(11) PLASMA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) PLASMA CRYOPRECIPITATE REDUCED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(13) FRESH FROZEN PLASMA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(14) LIQUID PLASMA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(15) THERAPEUTIC EXCHANGE PLASMA		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
(16) SOURCE LEUKOCYTES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
(17) SOURCE PLASMA		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
(18) RECOVERED PLASMA				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
(19) BLOOD PRODUCTS FOR DIAGNOSTIC USE	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
(20) BLOOD BANK REAGENTS				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>



Legal Name:

Pre-Confirm Number: **36140**

Today's Date: **02/14/2018**

Location	Report Official	U.S. Agent	Owner Type	Estab Type	Products	Report	Save
----------	-----------------	------------	------------	------------	----------	--------	------

Blood Establishment Registration - Other Products

Albumin (Human)

- Anti-HBsAg
- Anti-HIV-1
- Antihem. Factor (Human)
- Antihem. Factor (Recombinant)
- Anti-Inhibit. Coagulant Complex
- Blood Components (Recovered)
- Blood Components for Research
- Coag. Factor VIIa (Recombinant)
- Factor IX Complex
- Fibrin Sealant
- Fraction II
- Hep. B Imm. Globulin (Human)
- HCV Encoded Antigen
- HIV-1 or -2 or -1/2
- HTLV-I or -II or III
- Imm. Globulin (Human)
- Imm. Globulin IV (Human)
- Plasma Protein Fraction
- Platelets Washed
- Pooled Plasma SD
- Red Blood Cells Washed
- Rho(D) Imm. Globulin (Human)
- Rho(D) Imm. Globulin IV (Human)
- Tetanus Imm. Globulin (Human)
- V. Zoster Imm. Globulin (Human)
- Vaccinia Imm. Globulin (Human)
- Not Listed

COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE AND DISTRIBUTE TO OTHERS (9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reset Screen

Clear this form and Return to Product form

FORM FDA 2830 (5/15) Form Approved: OMB No.0910-0052
 Expiration Date: May 31, 2018 Previous Editions are Obsolete
 eBER v1.14.00
 Updated 05/27/2014

[Technical Support](#) | [Help with filling out this form](#) | [Release Notes](#) | [FAQ](#) | [Log Out](#)

[Privacy](#) | [FDA Home Page](#) | [FDA A-Z Index](#) | [Accessibility](#) | [HHS Home Page](#)

FDA / Center for Biologics Evaluation and Research