

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 FOOD AND DRUG ADMINISTRATION
 BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR
 MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES

FEI: 3004499984
 DUNS: 780364373
 U.S. License Number:
 747

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: New Orleans
 VALIDATED BY FDA: 10/31/2023

LEGAL NAME AND LOCATION:

Blood Assurance, Inc.
 155 W. Broad Street
 Cookeville, TN 38501 USA

REPORTING OFFICIAL:

Jill M. Rogers
 Blood Assurance, Inc.
 705 E 4th Street

U.S. AGENT:

Chattanooga, TN 37403-1299 USA

931-526-3462

4236432654
 jmr@bloodassurance.org

OTHER NAMES USED IN THIS LOCATION:

Blood Assurance, Inc; Cookeville Donor Station

TYPE OF OWNERSHIP:

CORPORATION

ESTABLISHMENT TYPE:

COLLECTION FACILITY; DISTRIBUTION CENTER

DONOR/RECIPIENT RELATIONSHIP:

ALLOGENIC, AUTOLOGOUS, DIRECTED

| 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 | | | | | | | | | | | |
| RED BLOOD CELLS (RBC) | | | X | | | | | | X | | | |
| PLATELETS | | | X | | | | | | X | | | |
| PLATELETS EXTENDED DATING | | | X | | | | | | X | | | |
| PLASMA | | | X | | | | | | | | | |
| PF24 PLASMA | | | X | | | | | | | | | |
| PF24RT24 PLASMA | | | X | | | | | | | | | |
| FRESH FROZEN PLASMA | | | X | | | | | | | | | |
| LIQUID PLASMA | | | | | | | | | X | | | |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | X | | | | | | | | | | | |

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|---------------------------|---------|---------------------|------------------------|----------------------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| ***** End Of Report ***** | | | | | | | | | | | |