	DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	P DC
ESTABLISHMENT TYPE: COLLECTION FACILITY	TYPE OF OWNERSHIP: CORPORATION	OTHER NAMES USED IN THIS LOCATION:  Clarksville Donor Center  CC
	Chattanooga, TN 37403 USA 4236432654 jmr@bloodassurance.org	9319192591 Chr. 422
U.S. AGENT:	REPORTING OFFICIAL: Jill M. Rogers Blood Assurance, Inc. 705 E 4th St	LEGAL NAME AND LOCATION:  Blood Assurance, Inc. 1767 Wilma Rudolph Blvd Ste E Clarksville, TN 37040 USA  RE Jill Blood Assurance, Inc. 705
DISTRICT OFFICE:New Orleans VALIDATED BY,FDA: 10/31/2023	FEI: 3017845185 REASON FOR SUBMISSION DUNS: 117780745 Annual Registration U.S. License Number: 747	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

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	PREPARE LEUKOCYTES IRRADIATED REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND BACTERIAL DISTRIBUTE TESTING TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD	×											
RED BLOOD CELLS (RBC)			×									
PLATELETS			×									
PLATELETS EXTENDED DATING			×									
PLASMA			×									
PF24 PLASMA			×									
PF24RT24 PLASMA			×									
FRESH FROZEN PLASMA			×									
BLOOD PRODUCTS FOR DIAGNOSTIC USE	×											

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