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: 3017066305 DUNS: 117516247 U.S. License Number:	

	LATIONSHIP:	DONOR/RECIPIENT RELATIONSHIP:	
DISTRIBUTION CENTER		TYPE OF OWNERSHIP: CORPORATION	OTHER NAMES USED IN THIS LOCATION: Nashville Depot
		4236432654 jmr@bloodassurance.org	
	JSA	Chattanooga, TN 37403 USA	
		Blood Assurance Inc. 705 E 4th Street	Blood Assurance Inc. 60 Parris Ave. Nashville, TN 37210 USA
U.S. AGENT:		REPORTING OFFICIAL: Jill M. Rogers	LEGAL NAME AND LOCATION:
DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 10/31/2023	REASON FOR SUBMISSION Annual Registration	FEI: 3017066305 DUNS: 117516247 U.S. License Number:	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	LEUKOCYTES IRRADIATED REDUCED	IRRADIATEO	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD									×			
RED BLOOD CELLS (RBC)		İ							×		,	
RBC WASHED				×					×			
CRYOPRECIPITATED AHF									×			
PLATELETS									×			
PLATELETS EXTENDED DATING									×			
PLATELETS WASHED				×					×			
PLASMA									×		,	
PF24 PLASMA									×			
PF24RT24 PLASMA									×			

LEGAL NAME AND LOCATION: REPORTING OFFICIAL: Jill M. Rogers	DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE PODD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES	3017066305 S: 117516247 License Number:	Annual Regis
		EPORTING OFFICIAL:	

istration OR SUBMISSION

DISTRICT OFFICE:New Orleans

VALIDATED BY FDA: 10/31/2023

U.S. AGENT:

PRINT DATE: 17-NOV-23

FEI:

3017066305

LIQUID PLASMA

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

PLASMA CRYOPRECIPITATED REDUCED

FRESH FROZEN PLASMA

PRODUCT

COLLECT

MANUAL AUTOMATED PREPARE LEUKOCYTES IRRADIATED
APHERESIS APHERESIS REDUCED

DONOR RETESTED

TEST

STORE AND BACTERIAL PATHOGEN
DISTRIBUTE TESTING REDUCED
TO OTHERS

POOLED

× ×

×

DONOR/RECIPIENT RELATIONSHIP:

CORPORATION TYPE OF OWNERSHIP:

ESTABLISHMENT TYPE: DISTRIBUTION CENTER

OTHER NAMES USED IN THIS LOCATION:

jmr@bloodassurance.org

4236432654

Chattanooga, TN 37403 USA

Nashville Depot

FDA information collection OMB Control number: 0910-0052, Expiration Date: 7/31/2024