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: 3027083473 DUNS: 117516247 U.S. License Number:	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: New Orleans VALIDATED BY FDA: 10/31/2023	K2 (1 1
LEGAL NAME AND LOCATION:	REPORTING OFFICIAL: Jill M. Rogers		U.S. AGENT:	
Blood Assurance, Inc.	Blood Assurance, Inc.			
2817 West End Ave. Suite 200 Nashville, TN 37203 USA	705 E 4th Street			
	Chattanooga, TN 37403 USA			
6297362320	4236432654			
	jmr@bloodassurance.org			
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP:		ESTABLISHMENT TYPE:	
Biood Assurance, inc west and doa concer solutions, nateric			COLLECTION	
	ALLOGENIC, AUTOLOGOUS, DIRECTED	), DIRECTED		

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

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PRODUCT	License #: /4/	OTHER NAMES USED IN THIS LOCATION: Blood Assurance, Inc West End dba OurCel Solutions; Parent	6297362320		2817 West End Ave. Suite 200 Nashville, TN 37203 USA	Blood Assurance, Inc.	LEGAL NAME AND LOCATION:	MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES	FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR	DEPARTMENT OF HEALTH AND HUMAN SERVICES
COLLECT		Solutions; P						ICENSED DEV	RODUCT LISTI	ις.
MANUAL APHERESIS		arent						ICES		
AUTOMATED APHERESIS	DONOR/RE ALLOGENII	TYPE OF OWNE	4236432654 jmr@bloodassurance.org	Chattanooga, TN 37403 USA	705 E 4th Street	Blood Assurance, Inc.	REPORTING OFFICIAL:		U.S. License Number:	FEI: 3027
PREPARE	CIPIENT REI	TYPE OF OWNERSHIP: CORPORATION	surance.org	, TN 37403 U	eet	ince, Inc.	OFFICIAL:			3027083473
PREPARE LEUKOCYTES IRRADIATED REDUCED	DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED			ISA					Annua	REAS
IRRADIATED	: TED								Annual Registration	REASON FOR SUBMISSION
DONOR										MISSION
TEST		ESTABLISHI COLLECT					U.S. AGENT:		VALIDAT	DISTRICT
STORE AND DISTRIBUTE TO OTHERS		ESTABLISHMENT TYPE: COLLECTION FACILITY					NT:		VALIDATED BY FDA: 10/31/2023	DISTRICT OFFICE: New Orleans
BACTERIAL TESTING		·							0/31/2023	Orleans
PATHOGEN REDUCED							-			
POOLED		d-							A CONTRACTOR CONTRACTOR	