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	PEI: 3008260586 REASON FOR SUBMISSION DUNS: 010756139 Annual Registration U.S. License Number: 747	MISSION DISTRICT OFFICE:Atlanta VALIDATED BY FDA: 10/31/2023
LEGAL NAME AND LOCATION:	REPORTING OFFICIAL: Jill M. Rogers	U.S. AGENT:
Blood Assurance, Inc.	Blood Assurance, Inc.	
334 Cherokee Place Cartersville, GA 30121 USA	705 E 4th St.	
770-334-3261	Chattanooga, TN 37403 USA 4236432654 imr@bloodassurance.org	
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP:	ESTABLISHMENT TYPE:
	DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	
770-334-3261 OTHER NAMES USED IN THIS LOCATION: Cartersville Donor Station	4236432654 jmr@bloodassurance.org TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	ESTABLISHMENT TYPE: COLLECTION FACILITY

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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	×											
RED BLOOD CELLS (RBC)			×									
PLATELETS			×									
PLATELETS EXTENDED DATING			×									
PLASMA			×									
PF24 PLASMA			×									
PF24RT24 PLASMA	-		×									
FRESH FROZEN PLASMA			×									
BLOOD PRODUCTS FOR DIAGNOSTIC USE	×											

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

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