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: 11/15/2022		
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:		
931-526-3462	Chattanooga, TN 37403-1299 U 4236432654 jillrogers@se.bloodassurance.or				
OTHER NAMES USED IN THIS LOCATION: Blood Assurance, Inc; Cookeville Donor Station	TYPE OF OWNERSHIP: CORPORATION		ESTABLISHMENT TYPE: COLLECTION FACILITY; DISTRIBUTION CENTER		
	DONOR/RECIPIENT RELATIO ALLOGENIC, AUTOLOGOUS,				

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	Х									, i		
RED BLOOD CELLS (RBC)			Х						Х			
PLATELETS			Х						Х			
PLATELETS EXTENDED DATING			Х						Х			
PLASMA			Х									
PF24 PLASMA			Х									
PF24RT24 PLASMA			Х									
FRESH FROZEN PLASMA			Х									
LIQUID PLASMA									Х			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	Х											

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT MANUFACTURERS OF BLOOD PRODUCTS AND LICENSE		FEI: 300 DUNS: 780 U.S. License	Number:		SON FOR SUE al Registration			T OFFICE:Nev				
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:					
931-526-3462	Chattanooga, TN 37403-1299 USA 4236432654 jillrogers@se.bloodassurance.org											
OTHER NAMES USED IN THIS LOCATION: Blood Assurance, Inc; Cookeville Donor Station	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED					ESTABLISHMENT TYPE: COLLECTION FACILITY; DISTRIBUTION CENTER						
PRODUCT COLLE	CT MANUAL APHERESIS	AUTOMATED APHERESIS		LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED	

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

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