| DEPARTMENT OF HEALTH AND HUMAN SERVICES | FFI: 1031403 | REASON FOR SUBMISSION | DISTRICT OFFICE: Atlanta |
|--|------------------------------------|-----------------------|------------------------------|
| PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | Lice | | VALIDATED BY FDA: 10/31/2023 |
| LEGAL NAME AND LOCATION: | REPORTING OFFICIAL: Jill M. Rogers | | U.S. AGENT: |
| Blood Assurance, Inc. | Blood Assurance, Inc. | | |
| 3811 Battlefield Parkway | 705 F 4th Street | | |
| Ringgold, GA 30736 USA | | | |
| | Chattanooga, TN 37403-1299 USA | JSA | |
| 800-962-0628 | 4236432654 | | |
| | jmr@bloodassurance.org | | |
| OTHER NAMES USED IN THIS LOCATION: | TYPE OF OWNERSHIP: | | ESTABLISHMENT TYPE: |
| Blood Assurance Inc.; Fort Oglethorpe Donor Center | CORPORATION | | COLLECTION FACILITY |
| | DONOR/RECIPIENT RELATIONSHIP: | ONSHIP: | |
| | ALLOGENIC, AUTOLOGOUS, DIRECTED | , DIRECTED | |

| PRODUCT | COLLECT | MANUAL APHERESIS | AUTOMATED APHERESIS | 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 PAS (PLATELETS ADDITIVE SOLUTION) | | | × | | | | | | | | | |
| PLATELETS EXTENDED DATING | | | × | | | | | | | | | |
| PLASMA | | | × | | | | | | | | | |
| PF24 PLASMA | | | × | | | | | | | | | |
| FRESH FROZEN PLASMA | | · | × | | | | | | | | | |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | × | | | : | | | | | | | | |

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

PRINT DATE: 17-NOV-23