

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

LEGAL NAME AND LOCATION:

Blood Assurance, Inc.
 2817 West End Ave, Suite 200
 Nashville, TN 37203 USA

REPORTING OFFICIAL:

Jill M. Rogers
 Blood Assurance, Inc.
 705 E 4th Street

U.S. AGENT:

6297362320

Chattanooga, TN 37403 USA
 4236432654
 jmr@bloodassurance.org

OTHER NAMES USED IN THIS LOCATION:

Blood Assurance, Inc. - West End dba OurCel Solutions; Parent
 License #: 747

TYPE OF OWNERSHIP:

CORPORATION

ESTABLISHMENT TYPE:

COLLECTION FACILITY

DONOR/RECIPIENT RELATIONSHIP:

ALLOGENIC, AUTOLOGOUS, DIRECTED

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

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

LEGAL NAME AND LOCATION:
 Blood Assurance, Inc.
 2817 West End Ave. Suite 200
 Nashville, TN 37203 USA

FEI: 3027083473
DUNS: 117516247
U.S. License Number:

REPORTING OFFICIAL:
 Jill M. Rogers
 Blood Assurance, Inc.
 705 E 4th Street
 Chattanooga, TN 37403 USA
 4236432654
 jmr@bloodassurance.org

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: New Orleans
VALIDATED BY FDA: 10/31/2023

U.S. AGENT:

OTHER NAMES USED IN THIS LOCATION:
 Blood Assurance, Inc. - West End dba OurCel Solutions; Parent
 License #: 747

TYPE OF OWNERSHIP:
 CORPORATION

DONOR/RECIPIENT RELATIONSHIP:
 ALLOGENIC, AUTOLOGOUS, DIRECTED

ESTABLISHMENT TYPE:
 COLLECTION FACILITY

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
***** End Of Report *****												