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| 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: 3021121813 DUNS: 118260464 U.S. License Number: 747 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: New Orleans VALIDATED BY FDA: 10/08/2025 |
| LEGAL NAME AND LOCATION: Blood Assurance, Inc. 7112 Highway 70 S, Suite D1 Nashville, TN 37221 USA 1-629-253-4170 | REPORTING OFFICIAL: Jill M. Rogers Blood Assurance, Inc. 705 E 4th St Chattanooga, TN 37403 USA 4236432654 jmr@bloodassurance.org | U.S. AGENT: | |
| OTHER NAMES USED IN THIS LOCATION: Bellevue Donor Center | 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 |
|-----------------------------------|---------|------------------|---------------------|---------|--------------------|------------|----------------|------|--------------------------------|-------------------|------------------|--------|
| WHOLE BLOOD | X | | | | | | | | | | | |
| RED BLOOD CELLS (RBC) | | | X | | | | | | | | | |
| PLATELETS | | | X | | | | | | | | | |
| PLATELETS EXTENDED DATING | | | X | | | | | | | | | |
| PLASMA | | | X | | | | | | | | | |
| PF24 PLASMA | | | X | | | | | | | | | |
| PF24RT24 PLASMA | | | X | | | | | | | | | |
| FRESH FROZEN PLASMA | | | X | | | | | | | | | |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | X | | | | | | | | | | | |

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