

<b>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</b>	<b>FEI:</b> 1053157 <b>DUNS:</b> 619734825 <b>U.S. License Number:</b> 747	<b>REASON FOR SUBMISSION</b> Annual Registration	<b>DISTRICT OFFICE:</b> New Orleans  <b>VALIDATED BY FDA:</b> 10/08/2025
<b>LEGAL NAME AND LOCATION:</b>  Blood Assurance, Inc. 201 Keith Street SW Suite 19 Cleveland, TN 37311 USA  423-476-3201	<b>REPORTING OFFICIAL:</b> Jill M. Rogers Blood Assurance, Inc. 705 E 4th Street  Chattanooga, TN 37403-1299 USA  4236432654 jmr@bloodassurance.org	<b>U.S. AGENT:</b>	
<b>OTHER NAMES USED IN THIS LOCATION:</b> Cleveland Donor Center	<b>TYPE OF OWNERSHIP:</b> CORPORATION  <b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC, AUTOLOGOUS, DIRECTED	<b>ESTABLISHMENT TYPE:</b> 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 \*\*\*\*\*