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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | <b>FEI:</b> 3017066305<br><b>DUNS:</b> 117516247<br><b>U.S. License Number:</b>   | <b>REASON FOR SUBMISSION</b><br>Annual Registration | <b>DISTRICT OFFICE:</b> New Orleans<br><br><b>VALIDATED BY FDA:</b> 10/08/2025 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>Blood Assurance Inc.<br>60 Parris Ave.<br>Nashville, TN 37210 USA   | <b>REPORTING OFFICIAL:</b><br>Jill M. Rogers<br>Blood Assurance Inc.<br>705 E 4th Street<br><br>Chattanooga, TN 37403 USA<br>4236432654<br>jmr@bloodassurance.org | <b>U.S. AGENT:</b>                                  |  |
| <b>OTHER NAMES USED IN THIS LOCATION:</b><br>Nashville Depot   | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b>  | <b>ESTABLISHMENT TYPE:</b><br>DISTRIBUTION CENTER   |  |

| PRODUCT                   | COLLECT | MANUAL<br>APHERESIS | AUTOMATED<br>APHERESIS | PREPARE | LEUKOCYTES<br>REDUCED | IRRADIATED | DONOR<br>RETESTED | TEST | STORE AND<br>DISTRIBUTE<br>TO OTHERS | BACTERIAL<br>TESTING | PATHOGEN<br>REDUCED | POOLED |
|---------------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD               |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| RED BLOOD CELLS (RBC)     |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| RBC WASHED                |         |                     |                        | X       |                       |            |                   |      | X                                    |                      |                     |        |
| CRYOPRECIPITATED AHF      |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| PLATELETS                 |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| PLATELETS EXTENDED DATING |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| PLATELETS WASHED          |         |                     |                        | X       |                       |            |                   |      | X                                    |                      |                     |        |
| PLASMA                    |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| PF24 PLASMA               |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| PF24RT24 PLASMA           |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |

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|---------------------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| FRESH FROZEN PLASMA             |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| PLASMA CRYOPRECIPITATED REDUCED |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| LIQUID PLASMA                   |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |

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