

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: 2171896 DUNS: 030182885 U.S. License Number: 866	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Minneapolis VALIDATED BY FDA: 10/26/2018
LEGAL NAME AND LOCATION: Community Blood Center, Inc. 4406 W. Spencer Street Appleton, WI 54914-9106 USA 920-738-3131	REPORTING OFFICIAL: Jill A. Fonseca Community Blood Center, Inc. 4406 W. Spencer Street Appleton, WI 54914-9106 USA 920-560-6684 jfonseca@communityblood.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK	

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							X	X			
RED BLOOD CELLS (RBC)			X	X	X	X		X	X			
CRYOPRECIPITATED AHF				X				X	X			X
PLATELETS			X	X	X	X		X	X		X	
FRESH FROZEN PLASMA			X	X				X	X			
PLASMA CRYOPRECIPITATED REDUCED				X				X	X			
LIQUID PLASMA				X				X	X			
RECOVERED PLASMA				X				X	X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X				X	X			
PATHOGEN REDUCTION TECHNOLOGY				X				X	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	FEI: 2171896 DUNS: 030182885 U.S. License Number: 866	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Minneapolis VALIDATED BY FDA: 10/26/2018
LEGAL NAME AND LOCATION: Community Blood Center, Inc. 4406 W. Spencer Street Appleton, WI 54914-9106 USA 920-738-3131	REPORTING OFFICIAL: Jill A. Fonseca Community Blood Center, Inc. 4406 W. Spencer Street Appleton, WI 54914-9106 USA 920-560-6684 jfonseca@communityblood.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK	

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 *****