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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: 2171896 DUNS: 030182885 U.S. License Number: 866 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Minneapolis VALIDATED BY FDA: 10/22/2019 |
| 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 | | | |

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