

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: 1570984 DUNS: 071276372 U.S. License Number: 394	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Cincinnati VALIDATED BY FDA: 12/16/2020
LEGAL NAME AND LOCATION: Community Blood Center 349 S. Main Street Dayton, OH 45402-2715 USA 937-461-3450	REPORTING OFFICIAL: David M. Smith, CEO/Medical Director Community Blood Center 349 South Main Street Dayton, OH 45402 USA 9374613413 pmalone@cbccts.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			
RBC FROZEN				X	X	X		X	X			
RBC DEGLYCEROLIZED				X	X	X		X	X			
RBC RECONSTITUTED				X		X		X	X			
CRYOPRECIPITATED AHF				X		X			X			X
PLATELETS			X	X	X	X		X	X	X		
PLATELETS WASHED				X		X		X	X	X		
GRANULOCYTES			X	X		X		X	X			
PLASMA			X	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: 1570984 DUNS: 071276372 U.S. License Number: 394	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Cincinnati VALIDATED BY FDA: 12/16/2020
LEGAL NAME AND LOCATION: Community Blood Center 349 S. Main Street Dayton, OH 45402-2715 USA 937-461-3450	REPORTING OFFICIAL: David M. Smith, CEO/Medical Director Community Blood Center 349 South Main Street Dayton, OH 45402 USA 9374613413 pmalone@cbccts.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
FRESH FROZEN PLASMA			X	X		X			X			
PLASMA CRYOPRECIPITATED REDUCED			X	X		X			X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X				X	X			
COVID-19 CONVALESCENT PLASMA	X			X					X			
RED BLOOD CELLS WASHED				X		X		X	X			

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