| 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: 3014286287 DUNS: 116932957 U.S. License Number: 1605 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Atlanta VALIDATED BY FDA: 12/29/2022 | | |
|--|---|---|--|--|--|
| LEGAL NAME AND LOCATION: The Blood Connection, Incorporated 101 Kittyhawk Drive Morrisville, NC 27560 USA | REPORTING OFFICIAL: Denise E. Calloway The Blood Connection, Incorpor 1099 Bracken Road | ated | U.S. AGENT: | | |
| 984-222-1100 | Piedmont, SC 29673 USA 864-751-3059 dcalloway@thebloodconnection | .org | | | |
| OTHER NAMES USED IN THIS LOCATION: Blood Connection, Inc. (The) | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC | NSHIP: | ESTABLISHMENT TYPE: COMPONENT PREPARATION FACILITY; DISTRIBUTION CENTER; NON-HOSPITAL TRANSFUSION SERVICE | | |

| 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 | Х | | | | | | | | Х | , | | |
| RED BLOOD CELLS (RBC) | | | Х | Х | Х | Х | | | Х | | | |
| CRYOPRECIPITATED AHF | | | | Х | | | | | Х | | | Х |
| PLATELETS | | | | | | Х | | | Х | | | |
| PF24 PLASMA | | | Х | Х | | | | | Х | | | |
| PLASMA CRYOPRECIPITATED REDUCED | | | | Х | | | | | Х | | | |
| LIQUID PLASMA | | | | Х | | | | | Х | | | |
| RECOVERED PLASMA | | | | Х | | | | | | | | |

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