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: 1048067 DUNS: 097631485 U.S. License Number: 1605	REASON FOR SUBMISSION Annual Registration	VALIDATED BY FDA: 01/01/2024			
LEGAL NAME AND LOCATION: The Blood Connection, Incorporated 1099 Bracken Road Piedmont, SC 29673 USA	REPORTING OFFICIAL: Denise Calloway, Vice Presiden The Blood Connection, Incorpor 1099 Bracken Road		U.S. AGENT:			
864-751-3059 x3059	Piedmont, SC 29673 USA 864-751-3059 x3059 dcalloway@thebloodconnection	.org				
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION		ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK			
	DONOR/RECIPIENT RELATION ALLOGENIC	NSHIP:				

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	х	,		
RED BLOOD CELLS (RBC)			Х	Х	Х	Х		Х	Х			
RBC FROZEN				Х				Х	х			
RBC DEGLYCEROLIZED				Х				Х	Х			
RBC REJUVENATED				Х				Х	Х			
RBC REJUVENATED FROZEN				Х				Х	Х			
RBC REJUVENATED DEGLYCEROLIZED				Х				Х	Х			
CRYOPRECIPITATED AHF				Х				Х	Х			Х
PLATELETS			Х	Х		Х		Х	Х	Х		
PF24 PLASMA			Х	Х				Х	Х			

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864-751-3059 x3059	Piedmont, SC 29673 USA 864-751-3059 x3059 dcalloway@thebloodconnection	.org				
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC	NSHIP:	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	TESTING	PATHOGEN REDUCED	POOLED
PLASMA CRYOPRECIPITATED REDUCED				Х				Х	Х			
LIQUID PLASMA				Х				Х	Х			
RECOVERED PLASMA				Х				Х	Х			

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