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: 1970344 DUNS: 116930169 U.S. License Number: 1846	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE:Kansas City VALIDATED BY FDA: 11/14/2022			
LEGAL NAME AND LOCATION: LifeServe Blood Center 3300 Line Drive Sioux City, IA 51106 USA	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 431 East Locust Street		U.S. AGENT:			
712-252-4208	Des Moines, IA 50309-1930 US/ 515-309-4811 grant.pfeifer@lifeservebloodcent					
OTHER NAMES USED IN THIS LOCATION: Siouxland Blood Bank; Siouxland Community Blood Bank	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO	NSHIP:	ESTABLISHMENT TYPE: COMPONENT PREPARATION FACILITY; DISTRIBUTION CENTER			

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			
RED BLOOD CELLS (RBC)				Х	х	х			x			
CRYOPRECIPITATED AHF				Х					х			
PLATELETS				Х	х	х			х	х		
PLASMA				Х	х				х			
PF24 PLASMA				Х		х			x			
FRESH FROZEN PLASMA				Х	х				х			
PLASMA CRYOPRECIPITATED REDUCED				Х	х				х			
SOURCE PLASMA									х			
RECOVERED PLASMA				Х					x			

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PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	TESTING	PATHOGEN REDUCED	POOLED
BLOOD PRODUCTS FOR DIAGNOSTIC USE				Х					Х			
POOLED CRYOPRECIPITATE AHF				х					х			
POOLED PLATELETS-5D				X	х	Х			Х			

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

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