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: 3011389677 DUNS: 044692300 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 4501 Southern Hills Drive Sioux City, IA 51106 USA	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 431 East Locust Street		U.S. AGENT:			
712-224-3164	Des Moines, IA 50309-1930 US 515-309-4811 grant.pfeifer@lifeservebloodcen					
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION		ESTABLISHMENT TYPE: COLLECTION FACILITY			
	DONOR/RECIPIENT RELATION ALLOGENIC, AUTOLOGOUS,					

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											
RED BLOOD CELLS (RBC)			Х		Х							
PLATELETS			Х		Х							
PLATELETS EXTENDED DATING			Х		Х							
PLASMA			Х		Х							
PF24 PLASMA			Х									
PF24RT24 PLASMA			Х									
FRESH FROZEN PLASMA			Х		Х							
SOURCE PLASMA			Х									
BLOOD PRODUCTS FOR DIAGNOSTIC USE	Х											

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICE	DUNS: 04469 U.S. License N	92300 Anni Number:	ASON FOR SUB ual Registration	MISSION		T OFFICE:Kar	,				
LEGAL NAME AND LOCATION: LifeServe Blood Center 4501 Southern Hills Drive Sioux City, IA 51106 USA	Grant Pfeifer LifeServe Bloo	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 431 East Locust Street				U.S. AGENT:					
712-224-3164	515-309-4811	Des Moines, IA 50309-1930 USA 515-309-4811 grant.pfeifer@lifeservebloodcenter.org									
OTHER NAMES USED IN THIS LOCATION:	HER NAMES USED IN THIS LOCATION: TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED					ESTABLISHMENT TYPE: COLLECTION FACILITY					
	ANUAL AUTOMATED APHERESIS	PREPARE LEUKOCYTE REDUCED	S IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED		

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

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