

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: 1970355 DUNS: 962892613 U.S. License Number: 1846	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Kansas City VALIDATED BY FDA: 10/07/2020
LEGAL NAME AND LOCATION: LifeServe Blood Center 431 East Locust Street Des Moines, IA 50309-1930 USA 515-309-4811	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 431 East Locust Street Des Moines, IA 50309-1930 USA 515-309-4811 grant.pfeifer@lifeservebloodcenter.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Blood Center of Iowa (The); Blood Center of Central Iowa (The); Blood Center of Iowa (The); Community Blood Bank of Central Iowa; DBA: Blood Center of Iowa (The); The Blood Center of Central Iowa	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	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 WASHED				X		X						
PLATELETS			X	X	X	X		X	X	X		X
PLATELETS EXTENDED DATING			X	X	X	X		X	X	X		
PLATELETS WASHED				X	X	X		X		X		
GRANULOCYTES				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: 1970355 DUNS: 962892613 U.S. License Number: 1846	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Kansas City VALIDATED BY FDA: 10/07/2020
LEGAL NAME AND LOCATION: LifeServe Blood Center 431 East Locust Street Des Moines, IA 50309-1930 USA 515-309-4811	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 431 East Locust Street Des Moines, IA 50309-1930 USA 515-309-4811 grant.pfeifer@lifeservebloodcenter.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Blood Center of Iowa (The); Blood Center of Central Iowa (The); Blood Center of Iowa (The); Community Blood Bank of Central Iowa; DBA: Blood Center of Iowa (The); The Blood Center of Central Iowa	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
PF24 PLASMA				X								
FRESH FROZEN PLASMA			X	X	X			X	X			
PLASMA CRYOPRECIPITATED REDUCED				X	X			X	X			
THERAPEUTIC EXCHANGE PLASMA			X									
SOURCE PLASMA			X					X	X			
RECOVERED PLASMA				X				X	X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X				X	X			
PLATELETS POOLED CONCENTRATED				X	X	X		X	X			
POOLED CRYOPRECIPITATE AHF				X				X	X			
POOLED PLATELETS				X	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: 1970355 DUNS: 962892613 U.S. License Number: 1846	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Kansas City VALIDATED BY FDA: 10/07/2020
LEGAL NAME AND LOCATION: LifeServe Blood Center 431 East Locust Street Des Moines, IA 50309-1930 USA 515-309-4811	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 431 East Locust Street Des Moines, IA 50309-1930 USA 515-309-4811 grant.pfeifer@lifeservebloodcenter.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Blood Center of Iowa (The); Blood Center of Central Iowa (The); Blood Center of Iowa (The); Community Blood Bank of Central Iowa; DBA: Blood Center of Iowa (The); The Blood Center of Central Iowa	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
POOLED PLATELETS - 5D				X	X	X		X	X			
RHO(D) IMM. GLOBULIN IV (HUMAN)									X			

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