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| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>PUBLIC HEALTH SERVICE</b><br><b>FOOD AND DRUG ADMINISTRATION</b><br><b>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR</b><br><b>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES</b> |  | <b>FEI:</b> 3011389677<br><b>DUNS:</b> 044692300<br><b>U.S. License Number:</b><br>1846  | <b>REASON FOR SUBMISSION</b><br>Annual Registration | <b>DISTRICT OFFICE:</b> Kansas City<br><br><b>VALIDATED BY FDA:</b> 10/11/2021 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>LifeServe Blood Center<br>4501 Southern Hills Drive<br>Sioux City, IA 51106 USA<br><br><br>712-224-3164  |  | <b>REPORTING OFFICIAL:</b><br>Grant Pfeifer<br>LifeServe Blood Center<br>431 East Locust Street<br><br>Des Moines, IA 50309-1930 USA<br><br>515-309-4811<br>grant.pfeifer@lifeservebloodcenter.org |   | <b>U.S. AGENT:</b>   |
| <b>OTHER NAMES USED IN THIS LOCATION:</b>   |  | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b><br>ALLOGENIC, AUTOLOGOUS, DIRECTED  |   | <b>ESTABLISHMENT TYPE:</b><br>COLLECTION FACILITY                              |

| PRODUCT                              | COLLECT | MANUAL<br>APHERESIS | AUTOMATED<br>APHERESIS | PREPARE | LEUKOCYTES<br>REDUCED | IRRADIATED | DONOR<br>RETESTED | TEST | STORE AND<br>DISTRIBUTE<br>TO OTHERS | BACTERIAL<br>TESTING | PATHOGEN<br>REDUCED | POOLED |
|--------------------------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD                          | X       |                     |                        |         |                       |            |                   |      |                                      |                      |                     |        |
| RED BLOOD CELLS (RBC)                |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLATELETS                            |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLASMA                               |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| FRESH FROZEN PLASMA                  |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| SOURCE PLASMA                        |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| BLOOD PRODUCTS FOR DIAGNOSTIC<br>USE | X       |                     |                        |         |                       |            |                   |      |                                      |                      |                     |        |

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