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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | <b>FEI:</b> 1672230<br><b>DUNS:</b> 364291658<br><b>U.S. License Number:</b><br>237  | <b>REASON FOR SUBMISSION</b><br>Annual Registration               | <b>DISTRICT OFFICE:</b> Dallas<br><br><b>VALIDATED BY FDA:</b> 10/18/2023 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>LifeShare Blood Center<br>4305 Laurel Street<br>Beaumont, TX 77707-2112 USA<br><br><br><br>409-838-5289   | <b>REPORTING OFFICIAL:</b><br>Tim G. Peterson, MD<br>LifeShare Blood Center<br>8910 Linwood Avenue<br><br>Shreveport, LA 71106-6508 USA<br>318-222-7770<br>wendell.jones@lifeshare.org | <b>U.S. AGENT:</b>  |   |
| <b>OTHER NAMES USED IN THIS LOCATION:</b><br>Beaumont Blood Center; LifeShare Blood Centers; Southeast Texas<br>Blood Service  | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b><br>ALLOGENIC, AUTOLOGOUS  | <b>ESTABLISHMENT TYPE:</b><br>COMMUNITY (NON-HOSPITAL) BLOOD BANK |   |

| 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       |                     |                        |         |                       | X          |                   |      | X                                    |                      |                     |        |
| RED BLOOD CELLS (RBC)                       |         |                     | X                      |         | X                     | X          |                   |      | X                                    |                      |                     |        |
| RBC DEGLYCEROLIZED                          |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| RBC WASHED                                  |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| CRYOPRECIPITATED AHF                        |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| PLATELETS                                   |         |                     | X                      |         | X                     | X          |                   |      | X                                    |                      |                     |        |
| PLATELETS PAS (PLATELETS ADDITIVE SOLUTION) |         |                     | X                      |         | X                     | X          |                   |      | X                                    |                      |                     |        |
| PLATELETS EXTENDED DATING                   |         |                     | X                      |         | X                     | X          |                   |      | X                                    |                      |                     |        |
| PF24 PLASMA                                 |         |                     | X                      |         |                       |            |                   |      | X                                    |                      |                     |        |
| FRESH FROZEN PLASMA                         |         |                     | X                      |         |                       |            |                   |      | X                                    |                      |                     |        |

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|---------------------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| PLASMA CRYOPRECIPITATED REDUCED |         |                     |                        |         |                       |            |                   |      | X                                    |                      |                     |        |
| LIQUID PLASMA                   |         |                     | X                      |         |                       |            |                   |      | X                                    |                      |                     |        |

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