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: 3008354590 DUNS: 095440046 U.S. License Number: 237	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Dallas  VALIDATED BY FDA: 10/18/2023			
LEGAL NAME AND LOCATION:  LifeShare Blood Center 1321 College Drive Texarkana, TX 75503-3531 USA	REPORTING OFFICIAL: Tim G. Peterson, MD LifeShare Blood Center 8910 Linwood Avenue		U.S. AGENT:			
903-794-3174	Shreveport, LA 71106-6508 US/ 318-222-7770 wendell.jones@lifeshare.org	A				
OTHER NAMES USED IN THIS LOCATION: LifeShare Blood Centers	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO	NSHIP:	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									Х	,		
RED BLOOD CELLS (RBC)									Х			
RBC DEGLYCEROLIZED									Х			
RBC WASHED									Х			
CRYOPRECIPITATED AHF									Х			
PLATELETS									х			
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)									Х			
PLATELETS EXTENDED DATING									X			
PF24 PLASMA									Х			
FRESH FROZEN PLASMA									Х			

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: 3008354590 DUNS: 095440046 U.S. License Number: 237	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Dallas  VALIDATED BY FDA: 10/18/2023
LEGAL NAME AND LOCATION:  LifeShare Blood Center 1321 College Drive Texarkana, TX 75503-3531 USA	REPORTING OFFICIAL: Tim G. Peterson, MD LifeShare Blood Center 8910 Linwood Avenue		U.S. AGENT:
903-794-3174	Shreveport, LA 71106-6508 US/ 318-222-7770 wendell.jones@lifeshare.org	4	
OTHER NAMES USED IN THIS LOCATION: LifeShare Blood Centers	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO	NSHIP:	ESTABLISHMENT TYPE:  COMMUNITY (NON-HOSPITAL) BLOOD BANK

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	STORE AND DISTRIBUTE TO OTHERS	_	PATHOGEN REDUCED	POOLED
PLASMA CRYOPRECIPITATED REDUCED								Х			
LIQUID PLASMA								Х			

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