

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: 3018804429 DUNS: 020611554 U.S. License Number: 2283		REASON FOR SUBMISSION Annual Registration		DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 11/04/2024	
LEGAL NAME AND LOCATION: Pelican Plasma 6917 Fairfield Ave Shreveport, LA 71106-3805 USA 318-642-9742		REPORTING OFFICIAL: Chelsea A. Sheppard Pelican Plasma 6917 Fairfield Shreveport, LA 71106-3805 USA 318-683-6784 wendell.jones@lifeshare.org				U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:		TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP:				ESTABLISHMENT TYPE: PLASMAPHERESIS CENTER	

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
SOURCE PLASMA			X						X			

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