

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: 3033047195 DUNS: 020611554 U.S. License Number:	REASON FOR SUBMISSION	DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 11/14/2024
LEGAL NAME AND LOCATION: Pelican Plasma 1923-A North Market Shreveport, LA 71107 USA	REPORTING OFFICIAL: Chelsea A. Sheppard, M.D. Pelican Plasma 8910 Linwood Ave Sheveport, LA 70016 USA 318-683-6784 wendell.jones@lifeshare.org		U.S. AGENT:
OTHER NAMES USED IN THIS LOCATION: LifeShare Blood Center	TYPE OF OWNERSHIP: CORPORATION		ESTABLISHMENT TYPE: PLASMAPHERESIS CENTER
	DONOR/RECIPIENT RELATIONSHIP:		

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 *****