

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: 2370879 DUNS: 020611554 U.S. License Number: 237			REASON FOR SUBMISSION Annual Registration			DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 11/04/2024		
LEGAL NAME AND LOCATION: LifeShare Blood Center 8910 Linwood Avenue Shreveport, LA 71106-6508 USA 318-222-7770			REPORTING OFFICIAL: Tim G. Peterson, MD LifeShare Blood Center 8910 Linwood Avenue Shreveport, LA 71106-6508 USA 318-222-7770 wendell.jones@lifeshare.org						U.S. AGENT:		
OTHER NAMES USED IN THIS LOCATION: LifeShare Blood Centers; Shreveport Emergency BI Bk, Inc; Shreveport Reg BI Ctr, Inc.			TYPE OF OWNERSHIP: CORPORATION						ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK		
			DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS								

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

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FRESH FROZEN PLASMA			X	X					X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			
LIQUID PLASMA			X	X					X			
RECOVERED PLASMA				X					X			

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