

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: 3032139209 DUNS: 020611554 U.S. License Number:			REASON FOR SUBMISSION Annual Registration			DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 11/14/2024		
LEGAL NAME AND LOCATION: LifeShare Blood Center 6917 Fairfield Ave Shreveport, LA 71106-3805 USA 318-642-9742			REPORTING OFFICIAL: Tim G. Peterson, Medical Director LifeShare Blood Center 8910 Linwood Ave Shreveport, LA 71106-6508 USA 318-222-7770 wendell.jones@lifeshare.org						U.S. AGENT:		
OTHER NAMES USED IN THIS LOCATION: Pelican Plasma			TYPE OF OWNERSHIP: CORPORATION						ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK		
			DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC								

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

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