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: 1570984 REASON F DUNS: 071276372 Change in I U.S. License Number: 394	FOR SUBMISSION DISTRICT OFFICE:Cincinnati Information VALIDATED BY FDA: 08/31/2023
LEGAL NAME AND LOCATION: Community Blood Center 349 S. Main Street Dayton, OH 45402-2715 USA	REPORTING OFFICIAL: Christopher N. Graham Community Blood Center 349 South Main Street	U.S. AGENT:
937-461-3450	Dayton, OH 45402 USA 9374613413 pmalone@cbccts.org	
OTHER NAMES USED IN THIS LOCATION: Solvita	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	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					Х			х			
RED BLOOD CELLS (RBC)			х	Х	х	х		Х	х			
RBC FROZEN				Х	х	х			х			
RBC DEGLYCEROLIZED				Х	х	х			х			
RBC RECONSTITUTED				Х		х			х			
RBC WASHED				Х		х			х			
CRYOPRECIPITATED AHF				Х		х			х			х
PLATELETS			Х	Х	х	х		Х	х		х	
PLATELETS EXTENDED DATING			х	Х	х	х		Х	х	х		
PLATELETS WASHED				Х	х	х			х	х		

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937-461-3450	Dayton, OH 45402 USA 9374613413 pmalone@cbccts.org		
OTHER NAMES USED IN THIS LOCATION: Solvita	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC, AUTOLOGOUS,	-	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
GRANULOCYTES			х	Х		Х			х			
PLASMA				Х		х			х			
FRESH FROZEN PLASMA			Х	Х		х			х			
PLASMA CRYOPRECIPITATED REDUCED			Х	Х		х			х			
RECOVERED PLASMA				Х					х			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	Х			Х				Х	Х			

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