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	121. 1370304	EASON FOR SUBMISSION nnual Registration	DISTRICT OFFICE:Cincinnati VALIDATED BY FDA: 12/21/2023
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 RELATIONS ALLOGENIC, AUTOLOGOUS, DII		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		

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:1570984REASON FOIDUNS:071276372Annual RegistU.S. License Number: 394394	R SUBMISSION DISTRICT OFFICE:Cincinnati VALIDATED BY FDA: 12/21/2023
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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 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
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 \*\*\*\*\*