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| 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: 1051993 DUNS: 117430259 U.S. License Number: 1288 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Florida VALIDATED BY FDA: 12/11/2020 |
| LEGAL NAME AND LOCATION: Suncoast Communities Blood Bank, Inc. 3025 Lakewood Ranch Blvd Suite 111 Bradenton, FL 34211 USA 941-954-1600 x20114 | REPORTING OFFICIAL: Scott M. Bush, CEO Suncoast Communities Blood Bank, Inc. 3025 Lakewood Ranch BLVD Suite 111 Bradenton, FL 34211 USA 941-954-1600 x20114 sbush@scbb.org | U.S. AGENT: | |
| OTHER NAMES USED IN THIS LOCATION: | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED | ESTABLISHMENT TYPE: COLLECTION FACILITY; COMPONENT PREPARATION FACILITY; DISTRIBUTION CENTER | |

| 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 | X | | | |
| RED BLOOD CELLS (RBC) | | | X | X | X | X | | X | X | | | |
| RBC FROZEN | | | | X | | | | X | X | | | |
| RBC DEGLYCEROLIZED | | | | X | | X | | X | X | | | |
| CRYOPRECIPITATED AHF | | | | X | | | | X | X | | | X |
| PLATELETS | | | X | X | X | X | | X | X | | X | |
| PLATELETS PAS (PLATELETS ADDITIVE SOLUTION) | | | X | X | X | X | | X | X | | X | |
| GRANULOCYTES | | | X | X | | X | | X | X | | | |
| PLASMA | | | X | X | | | | | X | | | |
| PF24 PLASMA | | | X | X | | | | | X | | | |

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|--|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| FRESH FROZEN PLASMA | | | X | X | | | | X | X | | | |
| PLASMA CRYOPRECIPITATED REDUCED | | | | X | | | | X | X | | | |
| LIQUID PLASMA | | | | X | | | | X | X | | | |
| THERAPEUTIC EXCHANGE PLASMA | | | | | | | | X | X | | | |
| SOURCE LEUKOCYTES | | | | X | | | | | X | | | |
| RECOVERED PLASMA | | | | X | | | | | X | | | |
| BACTERIAL TESTING DEVICE TO RE- LABEL APHERESIS PLATELET WITH A SIX OR SEVEN DAY EXPIRATION DATE | | | | X | | | | X | X | | | |
| PSORELEN TREATED APHERESIS PLATELETS LEUKOCYTES REDUCED PAS | | | X | X | X | | | | X | | | |

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