

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: 3000210247 DUNS: 081157313 U.S. License Number: 2106	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Denver VALIDATED BY FDA: 11/19/2019
LEGAL NAME AND LOCATION: Vitalant 717 Yosemite Street Denver, CO 80230-6918 USA 303-341-4000	REPORTING OFFICIAL: Nicole Ziemba, Regulatory Manager Vitalant 6210 East Oak Street Scottsdale, AZ 85257 USA 480-675-5685 nziemba@vitalant.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Denver-Lowry	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	X				X	X		X	X			
RED BLOOD CELLS (RBC)			X	X	X	X		X	X			
RBC FROZEN				X		X		X	X			
RBC DEGLYCEROLIZED				X		X		X	X			
RBC WASHED				X								
CRYOPRECIPITATED AHF				X					X			X
PLATELETS			X		X	X		X	X		X	
PLATELETS WASHED				X								
GRANULOCYTES			X	X		X		X	X			
PLASMA			X	X					X			

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: 3000210247 DUNS: 081157313 U.S. License Number: 2106	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Denver VALIDATED BY FDA: 11/19/2019
LEGAL NAME AND LOCATION: Vitalant 717 Yosemite Street Denver, CO 80230-6918 USA 303-341-4000	REPORTING OFFICIAL: Nicole Ziemba, Regulatory Manager Vitalant 6210 East Oak Street Scottsdale, AZ 85257 USA 480-675-5685 nziemba@vitalant.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Denver-Lowry	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
FRESH FROZEN PLASMA			X	X					X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			
LIQUID PLASMA				X		X			X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X					X			

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