

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	<b>FEI:</b> 3007101464 <b>DUNS:</b> 078582682 <b>U.S. License Number:</b> 2106	<b>REASON FOR SUBMISSION</b> Annual Registration	<b>DISTRICT OFFICE:</b> San Francisco  <b>VALIDATED BY FDA:</b> 11/11/2019
<b>LEGAL NAME AND LOCATION:</b>  Vitalant 10536 Peter A. McCuen Boulevard Mather, CA 95655-4128 USA  916-456-1500	<b>REPORTING OFFICIAL:</b> Kris Fraizer, Regulatory Manager Vitalant 6210 East Oak Street  Scottsdale, AZ 85257 USA 480-675-5434 kfraizer@vitalant.org	<b>U.S. AGENT:</b>	
<b>OTHER NAMES USED IN THIS LOCATION:</b> Sacramento	<b>TYPE OF OWNERSHIP:</b> CORPORATION  <b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC, AUTOLOGOUS, DIRECTED	<b>ESTABLISHMENT TYPE:</b> 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			
RED BLOOD CELLS (RBC)				X	X	X			X			
RBC FROZEN				X	X	X			X			
RBC DEGLYCEROLIZED				X	X	X			X			
RBC WASHED				X		X			X			
CRYOPRECIPITATED AHF				X	X	X			X			X
PLATELETS			X		X	X			X		X	
GRANULOCYTES									X			
FRESH FROZEN PLASMA				X		X			X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			

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PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
LIQUID PLASMA				X		X			X			
SOURCE PLASMA									X			
RECOVERED PLASMA				X					X			

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