

<b>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>	<b>FEI:</b> 1000143820 <b>DUNS:</b> 079204212 <b>U.S. License Number:</b> 1246	<b>REASON FOR SUBMISSION</b> Annual Registration	<b>DISTRICT OFFICE:</b> New Orleans <b>VALIDATED BY FDA:</b> 10/02/2020
<b>LEGAL NAME AND LOCATION:</b>  Marsh Regional Blood Center 111 West Stone Drive, Suite 300 Kingsport, TN 37660 USA  423-408-7500	<b>REPORTING OFFICIAL:</b> Jean E. Reece Marsh Regional Blood Center 111 West Stone Drive Suite 300  Kingsport, TN 37660 USA 423-408-7508 jean.reece@balladhealth.org	<b>U.S. AGENT:</b>	
<b>OTHER NAMES USED IN THIS LOCATION:</b> Marsh Regional Blood Center; Wellmont Health System d/b/a	<b>TYPE OF OWNERSHIP:</b> CORPORATION  <b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC, AUTOLOGOUS, DIRECTED	<b>ESTABLISHMENT TYPE:</b> 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		X	X			
RBC FROZEN									X			
RBC DEGLYCEROLIZED									X			
CRYOPRECIPITATED AHF				X					X			
PLATELETS			X	X	X	X		X	X	X		X
PLASMA			X	X					X			
FRESH FROZEN PLASMA				X					X			
LIQUID PLASMA				X					X			
RECOVERED PLASMA				X					X			

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