

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: 1000143820 DUNS: 079204212 U.S. License Number: 1246	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: New Orleans VALIDATED BY FDA: 10/05/2023
LEGAL NAME AND LOCATION: Marsh Regional Blood Center 111 West Stone Drive, Suite 300 Kingsport, TN 37660 USA 423-408-7500	REPORTING OFFICIAL: Jean E. Reece, Donor Services Quality/Compliance Marsh Regional Blood Center 111 West Stone Drive Suite 300 Kingsport, TN 37660 USA 423-408-7508 jean.reece@balladhealth.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Marsh Regional Blood Center; Wellmont Health System d/b/a	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	ESTABLISHMENT TYPE: 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			
RBC WASHED				X		X		X	X			
CRYOPRECIPITATED AHF				X					X			
PLATELETS			X	X	X	X		X	X	X		X
PLATELETS EXTENDED DATING			X	X	X	X		X	X	X		
PLASMA			X	X					X			
FRESH FROZEN PLASMA				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			
RECOVERED PLASMA				X					X			

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