

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: 11/18/2025

LEGAL NAME AND LOCATION:

Marsh Regional Blood Center
 111 West Stone Drive, Suite 300
 Kingsport, TN 37660 USA

REPORTING OFFICIAL:

Nicky M. Mann, Donor Services Quality/Compliance
 Marsh Regional Blood Center
 111 West Stone Drive
 Suite 300

U.S. AGENT:

423-408-7500

Kingsport, TN 37660 USA
 423-408-7508
 Nicole.Mann@balladhealth.org

OTHER NAMES USED IN THIS LOCATION:

Julia Davis Collection Center; Marsh Regional Blood Center;
 Wellmont Health System d/b/a

TYPE OF OWNERSHIP:

CORPORATION

ESTABLISHMENT TYPE:

COMMUNITY (NON-HOSPITAL) BLOOD BANK

DONOR/RECIPIENT RELATIONSHIP:
 ALLOGENIC, AUTOLOGOUS, DIRECTED

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			
CRYOPRECIPITATED AHF				X					X			
PLATELETS			X	X	X	X		X	X			X
FRESH FROZEN PLASMA			X	X					X			
LIQUID PLASMA				X					X			
RECOVERED PLASMA				X					X			