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: 3006192368 DUNS: 786423579 U.S. License Number: 1846	REASON FOR SUBMISSION Change in Information	DISTRICT OFFICE: Minneapolis VALIDATED BY FDA: 07/22/2024			
LEGAL NAME AND LOCATION: LifeServe Blood Center 8419 E Spruce St Suite 150 Mitchell, SD 57301 USA	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 5625 NW Johnston Drive		U.S. AGENT:			
605-996-3826	Johnston, IA 50131 USA 515-309-4811 grant.pfeifer@lifeservebloodcen	ter.org				
OTHER NAMES USED IN THIS LOCATION: Siouxland Blood Bank; Siouxland Community Blood Bank	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATION ALLOGENIC	DNSHIP:	ESTABLISHMENT TYPE: COLLECTION FACILITY; DISTRIBUTION CENTER			

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	Х								Х	,		
RED BLOOD CELLS (RBC)			Х		Х	Х			Х			
CRYOPRECIPITATED AHF									Х			Х
PLATELETS			Х		Х	Х			Х			Х
PLATELETS EXTENDED DATING			Х		Х	Х			Х			
PLASMA			Х		Х				Х			
PF24 PLASMA			Х						Х			
PF24RT24 PLASMA			Х						Х			
FRESH FROZEN PLASMA			Х		Х				Х			
PLASMA CRYOPRECIPITATED REDUCED									Х			

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: 3006192368 DUNS: 786423579 U.S. License Number: 1846	REASON FOR SUBMISSION Change in Information	DISTRICT OFFICE:Minneapolis VALIDATED BY FDA: 07/22/2024
LEGAL NAME AND LOCATION: LifeServe Blood Center 8419 E Spruce St Suite 150 Mitchell, SD 57301 USA	REPORTING OFFICIAL: Grant Pfeifer LifeServe Blood Center 5625 NW Johnston Drive Johnston, IA 50131 USA 515-309-4811 grant.pfeifer@lifeservebloodcen	ter.org	U.S. AGENT:
OTHER NAMES USED IN THIS LOCATION: Siouxland Blood Bank; Siouxland Community Blood Bank	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC	ONSHIP:	ESTABLISHMENT TYPE: COLLECTION FACILITY; DISTRIBUTION CENTER

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	PATHOGEN REDUCED	POOLED
LIQUID PLASMA									Х		
PLATELETS COLD STORED - 14D									Х		

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

FDA information collection OMB Control number: 0910-0052, Expiration Date: 7/31/2024