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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | <b>FEI:</b> 1471716<br><b>DUNS:</b> 109771794<br><b>U.S. License Number:</b>   | <b>REASON FOR SUBMISSION</b><br>Annual Registration | <b>DISTRICT OFFICE:</b> Chicago<br><b>VALIDATED BY FDA:</b> 12/08/2025 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>Versiti Blood Health, Inc.<br>1140 North McLean Blvd.<br>Elgin, IL 60123 USA<br><br>708-359-2058  | <b>REPORTING OFFICIAL:</b><br>Megan McShea, Manager Regulatory Affairs and Regulator<br>Versiti Blood Health, Inc.<br>3450 N. Meridian St.<br><br>Indianapolis, IN 46208 USA<br>317-916-5070<br>versitiregulatoryaffairs@versiti.org | <b>U.S. AGENT:</b>                                  |  |
| <b>OTHER NAMES USED IN THIS LOCATION:</b><br>Versiti Illinois, Inc.  | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b><br>ALLOGENIC, AUTOLOGOUS, DIRECTED  | <b>ESTABLISHMENT TYPE:</b><br>COLLECTION FACILITY   |  |

| PRODUCT               | COLLECT | MANUAL<br>APHERESIS | AUTOMATED<br>APHERESIS | PREPARE | LEUKOCYTES<br>REDUCED | IRRADIATED | DONOR<br>RETESTED | TEST | STORE AND<br>DISTRIBUTE<br>TO OTHERS | BACTERIAL<br>TESTING | PATHOGEN<br>REDUCED | POOLED |
|-----------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD           | X       |                     |                        |         |                       |            |                   |      |                                      |                      |                     |        |
| RED BLOOD CELLS (RBC) |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| PLATELETS             |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| FRESH FROZEN PLASMA   |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |

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