

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: 1570984
DUNS: 071276372
U.S. License Number:
2132

REASON FOR SUBMISSION
Annual Registration

DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 12/08/2025

LEGAL NAME AND LOCATION: Versiti Indiana, Inc. Versiti Blood Health, Inc 349 S. Main Street Dayton, OH 45402-2715 USA 937-461-3450		REPORTING OFFICIAL: Megan M. McShea, Regulatory Manager Versiti Blood Health, Inc 3450 N Meridian Street Indianapolis, IN 46208 USA 317-916-5070 versitiregulatoryaffairs@versiti.org		U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Community Blood Center; Solvita; Versiti Blood Center of Ohio; Versiti Indiana, Inc		TYPE OF OWNERSHIP: CORPORATION		ESTABLISHMENT TYPE: COMMUNITY (NON-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			
RBC FROZEN				X	X	X			X			
RBC DEGLYCEROLIZED				X	X	X			X			
RBC RECONSTITUTED				X		X			X			
RBC WASHED				X		X			X			
CRYOPRECIPITATED AHF				X		X			X			X
PLATELETS			X	X	X	X		X	X		X	
PLATELETS EXTENDED DATING			X	X	X	X		X	X	X		
PLATELETS WASHED				X	X	X			X	X		

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OTHER NAMES USED IN THIS LOCATION: Community Blood Center; Solvita; Versiti Blood Center of Ohio; Versiti Indiana, Inc		TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED	ESTABLISHMENT TYPE: COMMUNITY (NON-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
PLASMA				X		X			X			
FRESH FROZEN PLASMA			X	X		X			X			
PLASMA CRYOPRECIPITATED REDUCED			X	X		X			X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X				X	X			

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