

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: 1831154  
DUNS: 619073273  
U.S. License Number:  
2132

REASON FOR SUBMISSION  
Annual Registration

DISTRICT OFFICE:Detroit  
VALIDATED BY FDA: 12/02/2025

|                                                                                                                                                                 |  |                                                                                                                                                                                                                        |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>LEGAL NAME AND LOCATION:</b><br>Versiti Indiana, Inc.<br>Versiti Blood Health, Inc<br>726 Adams Street Suite 150<br>Carmel, IN 46032 USA<br><br>708-359-2058 |  | <b>REPORTING OFFICIAL:</b><br>Megan M. McShea, Regulatory Manager<br>Versiti Blood Health, Inc<br>3450 North Meridian Street<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>Indiana Blood Center - Carmel Donor Center; Indiana Blood Center - Northern Branch; Versiti Indiana, 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 APHERESIS | AUTOMATED APHERESIS | PREPARE | LEUKOCYTES REDUCED | IRRADIATED | DONOR RETESTED | TEST | STORE AND DISTRIBUTE TO OTHERS | BACTERIAL TESTING | PATHOGEN REDUCED | POOLED |
|-----------------------|---------|------------------|---------------------|---------|--------------------|------------|----------------|------|--------------------------------|-------------------|------------------|--------|
| WHOLE BLOOD           | X       |                  |                     |         |                    |            |                |      |                                |                   |                  |        |
| RED BLOOD CELLS (RBC) |         |                  | X                   |         | X                  |            |                |      |                                |                   |                  |        |
| PLATELETS             |         |                  | X                   |         | X                  |            |                |      |                                |                   |                  |        |
| PF24 PLASMA           |         |                  | X                   |         |                    |            |                |      |                                |                   |                  |        |
| FRESH FROZEN PLASMA   |         |                  | X                   |         |                    |            |                |      |                                |                   |                  |        |

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