

| | | | |
|---|--|--|--|
| 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: 3000717959 DUNS: 120421180 U.S. License Number: 2133 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Minneapolis VALIDATED BY FDA: 11/21/2022 |
| LEGAL NAME AND LOCATION: Versiti Wisconsin, Inc. 508 N. Central Avenue, Suite 101 Marshfield, WI 54449-2115 USA 708-359-2058 | REPORTING OFFICIAL: Dana Knight, Director of Quality Assurance Versiti Wisconsin, Inc. 638 N. 18th Street P.O. Box 2178 Milwaukee, WI 53233-2121 USA 708-359-2058 versitiregulatoryaffairs@versiti.org | U.S. AGENT: | |
| OTHER NAMES USED IN THIS LOCATION: Blood Center of Southeastern Wisconsin, Inc. (The); BloodCenter of Wisconsin, Inc; The Blood Center | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED | 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 | X | | | | | | | | X | | | |
| RED BLOOD CELLS (RBC) | | | X | | X | | | | X | | | |
| CRYOPRECIPITATED AHF | | | | | | | | | X | | | |
| PLATELETS | | | X | | | | | | X | | | |
| PLATELETS EXTENDED DATING | | | | | | | | | X | | | |
| PLASMA | | | | | | | | | X | | | |
| FRESH FROZEN PLASMA | | | X | | | | | | X | | | |
| PLASMA CRYOPRECIPITATED REDUCED | | | | | | | | | X | | | |

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