

| | | | |
|--|--|---|--|
| 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: 3002633012 DUNS: 073903077 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. Versiti Wisconsin Inc. - Transfusion Service 9000 W. Wisconsin Avenue Wauwatosa, WI 53226-3518 USA 414-937-3888 | REPORTING OFFICIAL: Dana Knight, Director of Quality Assurance Versiti Wisconsin, Inc. 638 N. 18th Street P.O. Box 2178 Milwaukee, WI 53201-2178 USA 708-359-2058 versitiregulatoryaffairs@versiti.org | U.S. AGENT: | |
| OTHER NAMES USED IN THIS LOCATION: BloodCenter of Wisconsin, Inc - Transfusion Service; Located in Children's Hospital of Wisconsin | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: | ESTABLISHMENT TYPE: 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 | | | | |
| RED BLOOD CELLS (RBC) | | | | X | | X | | X | | | | |
| RBC DEGLYCEROLIZED | | | | | | X | | X | | | | |
| CRYOPRECIPITATED AHF | | | | | | X | | | | | | |
| PLATELETS | | | | | | X | | | | | | |
| PLATELETS EXTENDED DATING | | | | | | X | | | | | | |
| PLATELETS WASHED | | | | | | X | | | | | | |
| GRANULOCYTES | | | | | | X | | X | | | | |
| PLASMA | | | | | | X | | | | | | |
| PF24 PLASMA | | | | | | X | | | | | | |

| | | | |
|--|--|---|--|
| 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: 3002633012 DUNS: 073903077 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. Versiti Wisconsin Inc. - Transfusion Service 9000 W. Wisconsin Avenue Wauwatosa, WI 53226-3518 USA 414-937-3888 | REPORTING OFFICIAL: Dana Knight, Director of Quality Assurance Versiti Wisconsin, Inc. 638 N. 18th Street P.O. Box 2178 Milwaukee, WI 53201-2178 USA 708-359-2058 versitiregulatoryaffairs@versiti.org | U.S. AGENT: | |
| OTHER NAMES USED IN THIS LOCATION: BloodCenter of Wisconsin, Inc - Transfusion Service; Located in Children's Hospital of Wisconsin | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: | ESTABLISHMENT TYPE: 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 |
|--|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| FRESH FROZEN PLASMA | | | | | | X | | | | | | |
| PLASMA CRYOPRECIPITATED REDUCED | | | | | | X | | | | | | |
| RECONSTITUTE WHOLE BLOOD FROM RBC AND FFP | | | | X | | X | | | | | | |
| RED BLOOD CELLS WASHED | | | | | | X | | X | | | | |

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