

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: 1876522 DUNS: 194808341 U.S. License Number: 2111			REASON FOR SUBMISSION Annual Registration			DISTRICT OFFICE: Detroit  VALIDATED BY FDA: 12/12/2024		
LEGAL NAME AND LOCATION:  Versiti Michigan, Inc. 1771 Tittabawassee Road Saginaw, MI 48604 USA  708-359-2058			REPORTING OFFICIAL: Megan McShea, Regulatory Manager Versiti Michigan, Inc. 3450 N Meridian St  Indianapolis, IN 46208 USA 317-916-5070 versitiregulatoryaffairs@versiti.org						U.S. AGENT:		
OTHER NAMES USED IN THIS LOCATION:			TYPE OF OWNERSHIP: CORPORATION						ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK		
			DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED								

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			
CRYOPRECIPITATED AHF				X					X			X
PLATELETS			X		X	X			X			
PLATELETS EXTENDED DATING			X		X	X			X			
PLATELETS WASHED				X		X			X			
PLASMA				X					X			
PF24 PLASMA				X					X			
PF24RT24 PLASMA			X	X					X			
FRESH FROZEN PLASMA			X	X					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: 1876522 DUNS: 194808341 U.S. License Number: 2111		REASON FOR SUBMISSION Annual Registration		DISTRICT OFFICE: Detroit  VALIDATED BY FDA: 12/12/2024	
LEGAL NAME AND LOCATION:  Versiti Michigan, Inc. 1771 Tittabawassee Road Saginaw, MI 48604 USA  708-359-2058		REPORTING OFFICIAL: Megan McShea, Regulatory Manager Versiti Michigan, Inc. 3450 N Meridian St  Indianapolis, IN 46208 USA  317-916-5070 versitiregulatoryaffairs@versiti.org				U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:		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 CRYOPRECIPITATED REDUCED				X					X			
LIQUID PLASMA				X		X			X			
RECOVERED PLASMA				X					X			

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