

| | | | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|---|--|--|
| 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: 2171378 DUNS: 057163172 U.S. License Number: 2133 | | | REASON FOR SUBMISSION Annual Registration | | | DISTRICT OFFICE:Minneapolis VALIDATED BY FDA: 12/06/2024 | | |
| LEGAL NAME AND LOCATION: Versiti Wisconsin, Inc. 638 N. 18th Street Milwaukee, WI 53233-2121 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; Milwaukee Blood Center, Inc.; The Blood Center | | | 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 | | | X | | | |
| RED BLOOD CELLS (RBC) | | | X | X | X | X | | | X | | | |
| RBC FROZEN | | | | X | | | | | X | | | |
| RBC DEGLYCEROLIZED | | | | X | | X | | | X | | | |
| RBC WASHED | | | | X | | X | | | X | | | |
| CRYOPRECIPITATED AHF | | | | X | | | | | X | | | X |
| PLATELETS | | | X | X | X | X | | | X | X | X | |
| PLATELETS EXTENDED DATING | | | X | X | X | X | | | X | X | | |
| PLATELETS WASHED | | | | X | | X | | | X | | | |
| GRANULOCYTES | | | | | | | | | 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: 2171378 DUNS: 057163172 U.S. License Number: 2133 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Minneapolis VALIDATED BY FDA: 12/06/2024 |
| LEGAL NAME AND LOCATION: Versiti Wisconsin, Inc. 638 N. 18th Street Milwaukee, WI 53233-2121 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; Milwaukee Blood Center, Inc.; The Blood Center | 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 |
|--------------------------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| PLASMA | | | | X | | | | | X | | | |
| PF24 PLASMA | | | X | X | | | | | X | | | |
| FRESH FROZEN PLASMA | | | X | X | | | | | X | | | |
| PLASMA CRYOPRECIPITATED REDUCED | | | | X | | | | | X | | | |
| RECOVERED PLASMA | | | | X | | | | | X | | | |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | X | | | X | | | | | X | | | |

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