**LEGAL NAME AND LOCATION:**
Northern Illinois Blood Bank, Inc.
461 E. South Street
Suite B
Freeport, IL 61032 USA
815-232-5663

**REPORTING OFFICIAL:**
Cathy P. Midtsem
Northern Illinois Blood Bank, Inc.
419 N. Sixth Street
Rockford, IL 61107 USA
815-965-8751 x334
cmidtsem@rrvbc.org

**TYPE OF OWNERSHIP:**
CORPORATION

**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
RED BLOOD CELLS (RBC) |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
PLATELETS |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
PLASMA |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
PF24 PLASMA |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
FRESH FROZEN PLASMA |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
BLOOD PRODUCTS FOR DIAGNOSTIC USE |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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