

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: 1475219 DUNS: 070174339 U.S. License Number: 249	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Chicago VALIDATED BY FDA: 11/12/2020
LEGAL NAME AND LOCATION: Northern Illinois Blood Bank, Inc. 419 N. Sixth Street Rockford, IL 61107 USA 815-965-8751	REPORTING OFFICIAL: Cathy P. Midtsem Northern Illinois Blood Bank, Inc. 419 North Sixth Street, P.O. Box 4305 Rockford, IL 61107 USA 815-965-8751 x334 cmidtsem@rrvbc.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: dba / Rock River Valley Blood Center	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
WHOLE BLOOD	X					X		X	X			
RED BLOOD CELLS (RBC)			X	X	X	X		X	X			
RBC FROZEN									X			
RBC DEGLYCEROLIZED						X			X			
RBC WASHED				X		X			X			
CRYOPRECIPITATED AHF				X				X	X			X
PLATELETS			X	X	X	X		X	X	X		
PLATELETS EXTENDED DATING					X	X		X	X	X		
PLATELETS WASHED				X	X	X		X	X	X		
GRANULOCYTES			X	X		X		X	X			

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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				X	X			
PF24 PLASMA			X	X				X	X			
FRESH FROZEN PLASMA			X	X				X	X			
PLASMA CRYOPRECIPITATED REDUCED				X				X	X			
LIQUID PLASMA				X		X		X	X			
SOURCE PLASMA			X					X	X			
RECOVERED PLASMA				X				X	X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X				X	X			
BLOOD BANK REAGENTS								X	X			

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