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| 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: 3006328602 DUNS: 116918008 U.S. License Number: 249 | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Chicago VALIDATED BY FDA: 12/02/2021 |
| LEGAL NAME AND LOCATION: Northern Illinois Blood Bank, Inc. 3065 N. Perryville Rd. Suite 105 Rockford, IL 61114 USA 815-961-2319 | REPORTING OFFICIAL: Cathy P. Midtsem Northern Illinois Blood Bank, Inc. 419 N. Sixth Street Rockford, IL 61107 USA 815-965-8751 x334 cmidtsem@rvbc.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: COLLECTION FACILITY | |

| 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 | | X | | | | | | | |
| PLASMA | | | X | | | | | | | | | |
| PF24 PLASMA | | | X | | | | | | | | | |
| FRESH FROZEN PLASMA | | | X | | | | | | | | | |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | X | | | | | | | | | | | |

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