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: 11/17/2022
LEGAL NAME AND LOCATION: Northern Illinois Blood Bank, Inc. 419 N. Sixth Street Rockford, IL 61107 USA	REPORTING OFFICIAL: Cathy P. Midtsem Northern Illinois Blood Bank, Inc. 419 North Sixth Street, P.O. Box		U.S. AGENT:
815-965-8751	Rockford, IL 61107 USA 815-965-8751 x334 cmidtsem@rrvbc.org		
OTHER NAMES USED IN THIS LOCATION: dba / Rock River Valley Blood Center	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATION ALLOGENIC, AUTOLOGOUS,		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	Х					Х		Х	х	,		
RED BLOOD CELLS (RBC)			Х	Х	Х	Х		Х	Х			
RBC DEGLYCEROLIZED						Х			х			
RBC WASHED				Х		Х			х			
CRYOPRECIPITATED AHF				Х				Х	х			Х
PLATELETS			Х	Х	Х	Х		Х	х	Х	Х	
PLATELETS EXTENDED DATING					Х	Х		Х	х	Х		
PLATELETS WASHED				Х	Х	Х		Х	х	Х		
GRANULOCYTES			Х	Х		Х		Х	х			
PLASMA			Х	Х				Х	Х			

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

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