

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: 1972933 DUNS: 116904826 U.S. License Number: 302	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Kansas City VALIDATED BY FDA: 10/03/2024
LEGAL NAME AND LOCATION: Community Blood Center of Greater Kansas City, an Operatin Community Blood Center of Greater Kansas City, An Operatir 4040 Main Street Kansas City, MO 64111-2390 USA 816-753-4040	REPORTING OFFICIAL: Donna K. White 4040 Main Street Kansas City, MO 64111-2390 USA 816-968-4407 dkw@cbckc.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:	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			
RBC FROZEN				X					X			
RBC DEGLYCEROLIZED				X		X			X			
RBC WASHED				X		X			X			
CRYOPRECIPITATED AHF				X					X			
PLATELETS			X	X	X	X			X	X	X	
PLATELETS EXTENDED DATING			X	X	X	X			X	X		
GRANULOCYTES			X						X			
PLASMA			X	X					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: 1972933 DUNS: 116904826 U.S. License Number: 302	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Kansas City VALIDATED BY FDA: 10/03/2024
LEGAL NAME AND LOCATION: Community Blood Center of Greater Kansas City, an Operatin Community Blood Center of Greater Kansas City, An Operatir 4040 Main Street Kansas City, MO 64111-2390 USA 816-753-4040	REPORTING OFFICIAL: Donna K. White 4040 Main Street Kansas City, MO 64111-2390 USA 816-968-4407 dkw@cbckc.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:	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
PF24 PLASMA			X	X					X			
PF24RT24 PLASMA			X	X					X			
FRESH FROZEN PLASMA			X	X					X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			
LIQUID PLASMA				X					X			
THERAPEUTIC EXCHANGE PLASMA			X						X			
SOURCE LEUKOCYTES			X						X			
SOURCE PLASMA			X						X			
RECOVERED PLASMA				X					X			

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