

| | | | |
|--|--|--|--|
| 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: 3015738441 DUNS: 000000000 U.S. License Number: | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Atlanta VALIDATED BY FDA: 10/18/2024 |
| LEGAL NAME AND LOCATION: National Blood Testing Partners 1625 Rock Mountain Blvd., Suite R Stone Mountain, GA 30083 USA (470) 431-3220 | REPORTING OFFICIAL: Kaylar Jackson National Blood Testing Partners 1625 Rock Mountain Blvd., Suite R Stone Mountain, GA 30083 USA 470-431-3220 kjackson@nbtcoop | U.S. AGENT: | |
| OTHER NAMES USED IN THIS LOCATION: National Blood Testing Partners | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: | ESTABLISHMENT TYPE: PRODUCT TESTING LABORATORY | |

| 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 | | | | |
| RBC FROZEN | | | | | | | | X | | | | |
| RBC DEGLYCEROLIZED | | | | | | | | X | | | | |
| RBC RECONSTITUTED | | | | | | | | X | | | | |
| RBC WASHED | | | | | | | | X | | | | |
| RBC REJUVENATED | | | | | | | | X | | | | |
| RBC REJUVENATED FROZEN | | | | | | | | X | | | | |
| RBC REJUVENATED DEGLYCEROLIZED | | | | | | | | X | | | | |
| CRYOPRECIPITATED AHF | | | | | | | | 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: 3015738441 DUNS: 000000000 U.S. License Number: | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Atlanta VALIDATED BY FDA: 10/18/2024 |
| LEGAL NAME AND LOCATION: National Blood Testing Partners 1625 Rock Mountain Blvd., Suite R Stone Mountain, GA 30083 USA (470) 431-3220 | REPORTING OFFICIAL: Kaylar Jackson National Blood Testing Partners 1625 Rock Mountain Blvd., Suite R Stone Mountain, GA 30083 USA 470-431-3220 kjackson@nbtco.coop | U.S. AGENT: | |
| OTHER NAMES USED IN THIS LOCATION: National Blood Testing Partners | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: | ESTABLISHMENT TYPE: PRODUCT TESTING LABORATORY | |

| PRODUCT | COLLECT | MANUAL APHERESIS | AUTOMATED APHERESIS | PREPARE | LEUKOCYTES REDUCED | IRRADIATED | DONOR RETESTED | TEST | STORE AND DISTRIBUTE TO OTHERS | BACTERIAL TESTING | PATHOGEN REDUCED | POOLED |
|---|---------|------------------|---------------------|---------|--------------------|------------|----------------|------|--------------------------------|-------------------|------------------|--------|
| PLATELETS | | | | | | | | X | | | | |
| PLATELETS PAS (PLATELETS ADDITIVE SOLUTION) | | | | | | | | X | | | | |
| PLATELETS EXTENDED DATING | | | | | | | | X | | | | |
| PLATELETS WASHED | | | | | | | | X | | | | |
| GRANULOCYTES | | | | | | | | X | | | | |
| PLASMA | | | | | | | | X | | | | |
| PF24 PLASMA | | | | | | | | X | | | | |
| PF24RT24 PLASMA | | | | | | | | X | | | | |
| FRESH FROZEN PLASMA | | | | | | | | X | | | | |
| PLASMA CRYOPRECIPITATED REDUCED | | | | | | | | 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: 3015738441 DUNS: 000000000 U.S. License Number: | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Atlanta VALIDATED BY FDA: 10/18/2024 |
| LEGAL NAME AND LOCATION: National Blood Testing Partners 1625 Rock Mountain Blvd., Suite R Stone Mountain, GA 30083 USA (470) 431-3220 | REPORTING OFFICIAL: Kaylar Jackson National Blood Testing Partners 1625 Rock Mountain Blvd., Suite R Stone Mountain, GA 30083 USA 470-431-3220 kjackson@nbtcoop | | U.S. AGENT: |
| OTHER NAMES USED IN THIS LOCATION: National Blood Testing Partners | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: | | ESTABLISHMENT TYPE: PRODUCT TESTING LABORATORY |

| PRODUCT | COLLECT | MANUAL APHERESIS | AUTOMATED APHERESIS | PREPARE | LEUKOCYTES REDUCED | IRRADIATED | DONOR RETESTED | TEST | STORE AND DISTRIBUTE TO OTHERS | BACTERIAL TESTING | PATHOGEN REDUCED | POOLED |
|-----------------------------------|---------|------------------|---------------------|---------|--------------------|------------|----------------|------|--------------------------------|-------------------|------------------|--------|
| LIQUID PLASMA | | | | | | | | X | | | | |
| THERAPEUTIC EXCHANGE PLASMA | | | | | | | | X | | | | |
| SOURCE LEUKOCYTES | | | | | | | | X | | | | |
| SOURCE PLASMA | | | | | | | | X | | | | |
| RECOVERED PLASMA | | | | | | | | X | | | | |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | | | | | | | | X | | | | |

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