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: 1970356 DUNS: 078079332 U.S. License Number: 2276	REASON FOR SUBMISSION Annual Registration	VALIDATED BY FDA: 10/23/2024			
LEGAL NAME AND LOCATION:  ImpactLife 5500 Lakeview Parkway Davenport, IA 52807 USA	REPORTING OFFICIAL: Alexandrea L. Woods, Director, ImpactLife 5500 Lakeview Parkway	Quality and Regulatory Affa	U.S. AGENT:			
800-747-5401	Davenport, IA 52807 USA 800-747-5401 x3948 2-Quality@impactlife.org					
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION  DONOR/RECIPIENT RELATIO 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			
RBC WASHED				Х		Х			Х			
CRYOPRECIPITATED AHF				Х					Х			Х
PLATELETS			Х	Х		Х			Х	Х	Х	Х
PLATELETS EXTENDED DATING				Х	Х	Х			Х	Х		
PLATELETS WASHED				Х		Х			Х			
GRANULOCYTES			Х	Х		Х			Х			
PF24 PLASMA				Х					Х			
PF24RT24 PLASMA			Х	Х					Х			

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: 1970356 DUNS: 078079332 U.S. License Number: 2276	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Kansas City  VALIDATED BY FDA: 10/23/2024			
LEGAL NAME AND LOCATION: ImpactLife 5500 Lakeview Parkway Davenport, IA 52807 USA	REPORTING OFFICIAL: Alexandrea L. Woods, Director, ImpactLife 5500 Lakeview Parkway	Quality and Regulatory Affa	U.S. AGENT:			
800-747-5401	Davenport, IA 52807 USA 800-747-5401 x3948 2-Quality@impactlife.org					
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION  DONOR/RECIPIENT RELATIO 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	TESTING	PATHOGEN REDUCED	POOLED
PLASMA CRYOPRECIPITATED REDUCED				Х					Х			
LIQUID PLASMA				Х		Х			Х			
RECOVERED PLASMA				Х					Х			
BLOOD COMPONENTS FOR RESEARCH				X					Х			

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

 FEI:
 1970356
 Page 2 of 2
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