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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | <b>FEI:</b> 3009061416<br><b>DUNS:</b> 022200213<br><b>U.S. License Number:</b><br>1288   | <b>REASON FOR SUBMISSION</b><br>Annual Registration | <b>DISTRICT OFFICE:</b> Florida<br><b>VALIDATED BY FDA:</b> 02/17/2023 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>Suncoast Communities Blood Bank, Inc.<br>6026 14th St W<br>Bradenton, FL 34207 USA<br><br>941-404-4910  | <b>REPORTING OFFICIAL:</b><br>Scott M. Bush, CEO<br>Suncoast Communities Blood Bank<br>3025 Lakewood Ranch Blvd<br>Suite 111<br><br>Sarasota, FL 34211 USA<br>941-954-1600 x114<br>sbush@scbb.org | <b>U.S. AGENT:</b>                                  |  |
| <b>OTHER NAMES USED IN THIS LOCATION:</b>  | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b><br>ALLOGENIC, AUTOLOGOUS, DIRECTED   | <b>ESTABLISHMENT TYPE:</b><br>COLLECTION FACILITY   |  |

| PRODUCT                                     | COLLECT | MANUAL<br>APHERESIS | AUTOMATED<br>APHERESIS | PREPARE | LEUKOCYTES<br>REDUCED | IRRADIATED | DONOR<br>RETESTED | TEST | STORE AND<br>DISTRIBUTE<br>TO OTHERS | BACTERIAL<br>TESTING | PATHOGEN<br>REDUCED | POOLED |
|---|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD                                 | X       |                     |                        |         |                       |            |                   |      |                                      |                      |                     |        |
| RED BLOOD CELLS (RBC)                       |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLATELETS                                   |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLATELETS PAS (PLATELETS ADDITIVE SOLUTION) |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| FRESH FROZEN PLASMA                         |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |

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