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: 11/12/2024
LEGAL NAME AND LOCATION: Northern Illinois Blood Bank, Inc. 419 N. Sixth Street Rockford, IL 61107 USA	REPORTING OFFICIAL: Susan Parker Northern Illinois Blood Bank, Inc 419 North Sixth Street).	U.S. AGENT:
815-965-8751	Rockford, IL 61107 USA 815-965-8751 x329 sparker@rrvbc.org		
OTHER NAMES USED IN THIS LOCATION: dba / Rock River Valley Blood Center	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	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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815-965-8751	Rockford, IL 61107 USA 815-965-8751 x329 sparker@rrvbc.org		
OTHER NAMES USED IN THIS LOCATION: dba / Rock River Valley Blood Center	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
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			
RBC LOW VOLUME				Х	Х	Х			Х			
RBC WASHED				Х	Х	Х			Х			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRO MANUFACTURERS OF BLOOD PRODUCTS AND LIC	DDUCT LISTING F	DUNS: 070 U.S. License	Number:		SON FOR SUB al Registration	MISSION	DISTRICT OFFICE: Chicago VALIDATED BY FDA: 11/12/2024				
LEGAL NAME AND LOCATION: Northern Illinois Blood Bank, Inc. 419 N. Sixth Street Rockford, IL 61107 USA		Susan Park	nois Blood Ba				U.S. AGI	ENT:			
815-965-8751		Rockford, IL 815-965-87 sparker@rn									
OTHER NAMES USED IN THIS LOCATION: dba / Rock River Valley Blood Center	CORPORA DONOR/R	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED					ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK				
PRODUCT		ANUAL AUTOMATED IERESIS APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED

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