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: 11/17/2023			
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		ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK			
	DONOR/RECIPIENT RELATIO ALLOGENIC, AUTOLOGOUS,					

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
PLATELETS EXTENDED DATING			Х	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: 11/17/2023
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	 PATHOGEN REDUCED	POOLED
PLASMA CRYOPRECIPITATED REDUCED				Х					Х		
LIQUID PLASMA				Х		Х			Х		
RECOVERED PLASMA				Х					Х		
BLOOD COMPONENTS FOR RESEARCH				Х					Х		

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

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