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: 3015248225 DUNS: 117006521 U.S. License Number: 2276	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Chicago VALIDATED BY FDA: 11/21/2023			
LEGAL NAME AND LOCATION: ImpactLife 325 W Romeo B Garrett Ave Suite C Peoria, IL 61605 USA	REPORTING OFFICIAL: Alexandrea L. Woods, Director, ImpactLife 5500 Lakeview Parkway	Quality and Regulatory Affa	U.S. AGENT:			
800-747-5401 x1130	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 RELATION 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	`		
RED BLOOD CELLS (RBC)			Х		Х				Х			
CRYOPRECIPITATED AHF									Х			
PLATELETS									Х			
PLATELETS EXTENDED DATING									Х			
PLATELETS WASHED				Х					Х			
PF24 PLASMA									Х			
PF24RT24 PLASMA			Х						Х			
PLASMA CRYOPRECIPITATED REDUCED									Х			
LIQUID PLASMA									Х			

DEPARTMENT OF HEALTH AND HUMAN SERVI PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND MANUFACTURERS OF BLOOD PRODUCTS AND	PRODUCT LISTING FOR	FEI: 3018 DUNS: 1170 U.S. License	Number:		SON FOR SUE al Registration	BMISSION		T OFFICE:Chi	J			
LEGAL NAME AND LOCATION: ImpactLife 325 W Romeo B Garrett Ave Suite C Peoria, IL 61605 USA		REPORTING OFFICIAL: Alexandrea L. Woods, Director, Quality and Regulatory Affa ImpactLife 5500 Lakeview Parkway					U.S. AGENT:					
800-747-5401 x1130	Davenport, IA 52807 USA 800-747-5401 x3948 2-Quality@impactlife.org											
OTHER NAMES USED IN THIS LOCATION	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED					ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK						
PRODUCT	COLLECT MANUAL APHERESI	AUTOMATED S APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED	

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

TO OTHERS

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