**LEGAL NAME AND LOCATION:**
Mississippi Valley Regional Blood Center
6330 Copps Ave Unit A
Monona, WI 53716 USA

**REPORTING OFFICIAL:**
Tina Chanez, Vice President Quality Support Services
Mississippi Valley R
5500 Lakeview Parkway

Davenport, IA 52807 USA
5638234118
2-quality@mvrbc.org

**OTHER NAMES USED IN THIS LOCATION:**

**TYPE OF OWNERSHIP:**
CORPORATION

**ESTABLISHMENT TYPE:**
DISTRIBUTION CENTER

**PRODUCT** | **COLLECT** | **MANUAL APLHERESIS** | **AUTOMATED APLHERESIS** | **PREPARE** | **LEUKOCYTES REDUCED** | **IRRADIATED** | **DONOR RETESTED** | **TEST** | **STORE AND DISTRIBUTE TO OTHERS** | **BACTERIAL TESTING** | **PATHOGEN REDUCED** | **POOLED**
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
WHOLE BLOOD |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
CRYOPRECIPITATED AHF |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
PLATELETS |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
PLASMA |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
PF24 PLASMA |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
PF24RT24 PLASMA |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
PLASMA CRYOPRECIPITATED REDUCED |  |  |  |  |  |  |  |  | X |  |  |  |  |  |
LIQUID PLASMA |  |  |  |  |  |  |  |  | X |  |  |  |  |  |

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

FDA information collection OMB Control number: 0910-0052, Expiration Date: 6/30/2021