LEGAL NAME AND LOCATION:
Mississippi Valley Regional Blood Center
1408 West University Avenue
Urbana, IL 61801 USA

REPORTING OFFICIAL:
Tina L. Chanez
Mississippi Valley Regional Blood Center
5500 Lakeview Parkway
Davenport, IA 52807 USA
563-359-5401 x4118
2-quality@mvrbc.org

OTHER NAMES USED IN THIS LOCATION:

TYPE OF OWNERSHIP:
CORPORATION

DONOR/RECIPIENT RELATIONSHIP:
ALLOGENIC, AUTOLOGOUS, DIRECTED

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 | X | | | | | | | | | | | |
RED BLOOD CELLS (RBC) | X | | X | X | | | | | | | | |
CRYOPRECIPITATED AHF | | X | | | | | | | | | | X
PLATELETS | X | | X | | | | | | | | | |
PLASMA | | | | | | | | | | | | |
PF24RT24 PLASMA | | X | | | | | | | | | | X
PLASMA CRYOPRECIPITATED REDUCED | | X | | | | | | | | | | X
RECOVERED PLASMA | | X | | | | | | | | | | X

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