

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: 1070186 DUNS: 784398281 U.S. License Number: 1288	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Florida VALIDATED BY FDA: 11/30/2018
LEGAL NAME AND LOCATION: Suncoast Communities Blood Bank, Inc. 1875 Arlington Street Sarasota, FL 34239 USA 941-955-2958	REPORTING OFFICIAL: Scott M. Bush, CEO Suncoast Communities Blood Bank, Inc. 1760 Mound Street Sarasota, FL 34236-7740 USA 941-954-1600 x1014 sbush@scbb.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP:	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						X		X	X			
RED BLOOD CELLS (RBC)					X	X		X	X			
RBC FROZEN				X				X	X			
RBC DEGLYCEROLIZED				X		X		X	X			
CRYOPRECIPITATED AHF								X	X			
PLATELETS					X	X		X	X			
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)					X	X		X	X			
GRANULOCYTES						X		X	X			
FRESH FROZEN PLASMA								X	X			
PLASMA CRYOPRECIPITATED REDUCED								X	X			

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: 1070186 DUNS: 784398281 U.S. License Number: 1288	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Florida VALIDATED BY FDA: 11/30/2018
LEGAL NAME AND LOCATION: Suncoast Communities Blood Bank, Inc. 1875 Arlington Street Sarasota, FL 34239 USA 941-955-2956	REPORTING OFFICIAL: Scott M. Bush, CEO Suncoast Communities Blood Bank, Inc. 1760 Mound Street Sarasota, FL 34236-7740 USA 941-954-1600 x1014 sbush@scbb.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP:	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
LIQUID PLASMA								X	X			
THERAPEUTIC EXCHANGE PLASMA								X	X			
BACTERIAL DETECTION DEVICE TO RE-LABEL APHERESIS PLATELET WITH A SIX- OR SEVEN-DAY EXPIRATION DATE				X				X	X			

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