

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: 3032139209 DUNS: 020611554 U.S. License Number:	REASON FOR SUBMISSION	DISTRICT OFFICE: New Orleans VALIDATED BY FDA: 09/10/2024
LEGAL NAME AND LOCATION: LifeShare Blood Center 6917 Fairfield Ave Shreveport, LA 71106-3805 USA 318-642-9742	REPORTING OFFICIAL: Tim G. Peterson, Medical Director LifeShare Blood Center 8910 Linwood Ave Shreveport, LA 71106-6508 USA 318-222-7770 wendell.jones@lifeshare.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Pelican Plasma	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC	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
PLATELETS			X		X							
PLATELETS EXTENDED DATING			X		X							

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