**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**

**LEGAL NAME AND LOCATION:**  
Blood Assurance, Inc.  
334 Cherokee Place  
Cartersville, GA 30121 USA

770-334-3261

**REPORTING OFFICIAL:**  
Jill M. Rogers  
Blood Assurance, Inc.  
705 E 4th St.  
Chattanooga, TN 37403 USA

423-752-5941  
jillrogers@se.bloodassurance.org

**U.S. AGENT:**

**OTHER NAMES USED IN THIS LOCATION:**  
Cartersville Donor Station

**TYPE OF OWNERSHIP:**  
CORPORATION

**DONOR/RECIPIENT RELATIONSHIP:**  
ALLOGENIC, AUTOLOGOUS, DIRECTED

**ESTABLISHMENT TYPE:**  
COLLECTION FACILITY

<table>
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<tr>
<th>PRODUCT</th>
<th>COLLECT</th>
<th>MANUAL APhERESIS</th>
<th>AUTOMATED APHERESIS</th>
<th>PREPARE</th>
<th>LEUKOCYTES REDUCED</th>
<th>IRRADIATED</th>
<th>DONOR RETESTED</th>
<th>TEST</th>
<th>STORE AND DISTRIBUTE TO OTHERS</th>
<th>BACTERIAL TESTING</th>
<th>PATHOGEN REDUCED</th>
<th>POOLED</th>
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<td>WHOLE BLOOD</td>
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<td>RED BLOOD CELLS (RBC)</td>
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<td>BLOOD PRODUCTS FOR DIAGNOSTIC USE</td>
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**** End Of Report ****

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