<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>COLLECT</th>
<th>MANUAL APERESIS</th>
<th>AUTOMATED APERESIS</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>
</tr>
</thead>
<tbody>
<tr>
<td>WHOLE BLOOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RED BLOOD CELLS (RBC)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RBC DEGLYCEROLIZED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRYOPRECIPITATED AHF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLATELETS</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLATELETS EXTENDED DATING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF24 PLASMA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF24RT24 PLASMA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRESH FROZEN PLASMA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLASMA CRYOPRECIPITATED REDUCED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LEGAL NAME AND LOCATION:
Blood Bank of San Bernardino and Riverside Counties
310 W. Orangethorpe Ave.
Suite D
Placentia, CA 92870 USA
714-224-4814

REPORTING OFFICIAL:
Nicole Ziemba, Regulatory Compliance Manager
Vitalant
6210 East Oak Street
Scottsdale, AZ 85257 USA
480-675-5685
reglicensing@vitalant.org

OTHER NAMES USED IN THIS LOCATION:
(DBA) LifeStream - Placentia

TYPE OF OWNERSHIP:
CORPORATION

DONOR/RECIPIENT RELATIONSHIP:
ALLOGENIC, AUTOLOGOUS, DIRECTED

U.S. AGENT:

ESTABLISHMENT TYPE:
COLLECTION FACILITY; DISTRIBUTION CENTER

PRODUCT: WHOLE BLOOD, RED BLOOD CELLS (RBC), RBC DEGLYCEROLIZED, CRYOPRECIPITATED AHF, PLATELETS, PLATELETS EXTENDED DATING, PF24 PLASMA, PF24RT24 PLASMA, FRESH FROZEN PLASMA, PLASMA CRYOPRECIPITATED REDUCED
**LEGAL NAME AND LOCATION:**
Blood Bank of San Bernardino and Riverside Counties
310 W. Orangethorpe Ave.
Suite D
Placentia, CA 92870 USA

**REPORTING OFFICIAL:**
Nicole Ziemba, Regulatory Compliance Manager
Vitalant
6210 East Oak Street
Scottsdale, AZ 85257 USA
480-675-5685
reglicensing@vitalant.org

**OTHER NAMES USED IN THIS LOCATION:**
(DBA) LifeStream - Placentia

**TYPE OF OWNERSHIP:**
CORPORATION

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

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>COLLECT</th>
<th>MANUAL APERHESIS</th>
<th>AUTOMATED APERHESIS</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>
</tr>
</thead>
<tbody>
<tr>
<td>LIQUID PLASMA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 CONVALESCENT PLASMA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

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: 3008449457
DUNS: 116902390
U.S. License Number: 226

REASON FOR SUBMISSION
Annual Registration

DISTRIBUT OFFICE: Los Angeles
VALIDATED BY FDA: 12/03/2021

PRODUCT
COVID-19 CONVALESCENT PLASMA

FDA information collection OMB Control number: 0910-0052, Expiration Date: 7/31/2024