

DEPARTMENT OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C.

ESTABLISHMENT LICENSE

FOR THE MANUFACTURE OF
BIOLOGICAL PRODUCTS

This is to certify that Establishment License No. 534 is hereby issued
to Central Kentucky Blood Center, Inc. the manufacturer,
located at Lexington, Kentucky
identified as Central Kentucky Blood Center, Inc. through the establishment
located at Lexington, Kentucky **DUPLICATE**

pursuant to Section 351 of the Public Health Service Act, approved July 1, 1944 (58 Stat. 702, 47 U.S.C. 263), as amended, and the regulations thereunder. The license authorizes the manufacturer to maintain an establishment for the propagation or manufacture and preparation for sale, barrier, or exchange in the District of Columbia, or for sending, carrying, or bringing for sale, barrier, or exchange from any State or possession into any other State or possession or into any foreign country, or from any foreign country into any State or possession, any virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or analogous product, or aophenamine or its derivatives, for which the manufacturer holds an unsuspended and unrevoked product license issued by the Secretary of Health and Human Services pursuant to said Act and regulations.

Date July 7, 1976


Michael D. DeLoach
Director, Center for Biologics
Evaluation and Research
Food and Drug Administration

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: 1070402
 DUNS: 074099904
 U.S. License Number:
 1836

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Cincinnati
 VALIDATED BY FDA: 10/16/2020

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle
 Lexington, KY 40513-1709 USA

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle

U.S. AGENT:

Lexington, KY 40513-1709 USA
 859-519-3785
 kiturner@kybloodcenter.org

OTHER NAMES USED IN THIS LOCATION:

TYPE OF OWNERSHIP:
 CORPORATION

DONOR/RECIPIENT RELATIONSHIP:
 ALLOGENIC, AUTOLOGOUS, DIRECTED

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			X			
RED BLOOD CELLS (RBC)			X	X	X	X			X			
RBC FROZEN				X					X			
RBC DEGLYCEROLIZED				X		X			X			
RBC REJUVENATED FROZEN									X			
RBC REJUVENATED DEGLYCEROLIZED				X		X			X			
CRYOPRECIPITATED AHF				X					X			
PLATELETS			X		X	X			X			
GRANULOCYTES			X			X			X			
FRESH FROZEN PLASMA			X	X		X			X			

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 PUBLIC HEALTH SERVICE
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FEI: 1070402
 DUNS: 074099904
 U.S. License Number:
 1836

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DISTRICT OFFICE: Cincinnati
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Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle
 Lexington, KY 40513-1709 USA

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle

U.S. AGENT:

Lexington, KY 40513-1709 USA

859-519-3785

kiturner@kybloodcenter.org

OTHER NAMES USED IN THIS LOCATION:

TYPE OF OWNERSHIP:
 CORPORATION

DONOR/RECIPIENT RELATIONSHIP:
 ALLOGENIC, AUTOLOGOUS, DIRECTED

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
PLASMA CRYOPRECIPITATED REDUCED				X					X			
RECOVERED PLASMA				X					X			
POOLED CRYOPRECIPITATE				X					X			

***** 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: 3007689681
 DUNS: 963971770
 U.S. License Number:
 1836

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Cincinnati
 VALIDATED BY FDA: 10/16/2020

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
 3130 Maple Leaf Dr.
 Lexington, KY 40509 USA

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle

U.S. AGENT:

Lexington, KY 40513-1709 USA

859-519-3785
 kiturner@kybloodcenter.org

ESTABLISHMENT TYPE:

COLLECTION FACILITY

OTHER NAMES USED IN THIS LOCATION:

Central Kentucky Blood Center - Andover; Kentucky Blood Center -
 Andover; Kentucky Blood Center Inc.

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									
PLATELETS			X		X							
PLASMA			X									

***** 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: 1000220419
 DUNS: 010967889
 U.S. License Number:
 1836

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Cincinnati
 VALIDATED BY FDA: 10/16/2020

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
 472 South Mayo Trail
 Pikeville, KY 41501 USA

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle

U.S. AGENT:

Lexington, KY 40513-1709 USA

606-432-4979

859-519-3785
 kiturner@kybloodcenter.org

ESTABLISHMENT TYPE:

COLLECTION FACILITY

TYPE OF OWNERSHIP:

CORPORATION

DONOR/RECIPIENT RELATIONSHIP:

ALLOGENIC, AUTOLOGOUS, DIRECTED

OTHER NAMES USED IN THIS LOCATION:

Central Kentucky Blood Center, Inc.; Kentucky Blood Center -
 Pikeville; Kentucky Blood Center Inc.

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									
PLATELETS			X		X							
PLASMA			X									

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 FOOD AND DRUG ADMINISTRATION
 BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR
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FEI: 1048401
 DUNS: 125276147
 U.S. License Number:
 1836

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Cincinnati
 VALIDATED BY FDA: 10/16/2020

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
 10 Stonegate Centre
 Somerset, KY 42503 USA

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle

U.S. AGENT:

606-679-7413

Lexington, KY 40513-1709 USA
 859-519-3785
 kiturner@kybloodcenter.org

ESTABLISHMENT TYPE:

COLLECTION FACILITY

OTHER NAMES USED IN THIS LOCATION:

Central Kentucky Blood Center, Inc.; Kentucky Blood Center -
 Somerset; Kentucky Blood Center Inc.

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									
PLATELETS			X		X							
PLASMA			X									

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

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 PUBLIC HEALTH SERVICE
 FOOD AND DRUG ADMINISTRATION
 BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR
 MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES

FEI: 3014276808
 DUNS: 116918360
 U.S. License Number:
 1836

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Cincinnati
 VALIDATED BY FDA: 10/16/2020

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
 Kentucky Blood Center, Inc
 5406 Antle Drive
 Suite 101
 Louisville, KY 40229 USA

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center
 3121 Beaumont Centre Circle

U.S. AGENT:

502-915-0989

Lexington, KY 40513-1709 USA
 859-519-3785
 kiturner@kybloodcenter.org

ESTABLISHMENT TYPE:

COLLECTION FACILITY

OTHER NAMES USED IN THIS LOCATION:

Kentucky Blood Center - Hillview

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									
PLATELETS			X		X							
PLASMA			X									

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

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 BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR
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FEI: 3011192341
 DUNS: 109873442
 U.S. License Number:
 1836

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Cincinnati
 VALIDATED BY FDA: 10/16/2020

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
 12905 Shelbyville Rd
 Suite 4
 Louisville, KY 40243 USA
 502-290-0537

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center
 3121 Beaumont Centre Circle
 Lexington, KY 40513-1709 USA
 859-519-3785
 kturner@kybloodcenter.org

U.S. AGENT:

ESTABLISHMENT TYPE:
 COLLECTION FACILITY

OTHER NAMES USED IN THIS LOCATION:

Kentucky Blood Center - Middletown; Kentucky Blood Center, Inc

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									
PLATELETS			X		X							
PLASMA			X									

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FEI: 3013450009
 DUNS: 096999969
 U.S. License Number:

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Cincinnati
 VALIDATED BY FDA: 10/16/2020

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
 2605 Kentucky Ave.
 MP3 Suite 104
 Paducah, KY 42003 USA

REPORTING OFFICIAL:

Kim Turner, Vice President of Quality and Regulatory Affairs
 Kentucky Blood Center, Inc.
 3121 Beaumont Centre Circle
 Lexington, KY 40513-1709 USA
 859-519-3785
 kiturner@kybloodcenter.org

U.S. AGENT:

OTHER NAMES USED IN THIS LOCATION:
 Kentucky Blood Center - Paducah

TYPE OF OWNERSHIP:
 CORPORATION

DONOR/RECIPIENT RELATIONSHIP:

ESTABLISHMENT TYPE:
 DISTRIBUTION CENTER

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			
CRYOPRECIPITATED AHF									X			
PLATELETS									X			
FRESH FROZEN PLASMA									X			

**** End Of Report ****