

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: 3027559610
 DUNS: 139301956
 U.S. License Number:

REASON FOR SUBMISSION

DISTRICT OFFICE: Florida
 VALIDATED BY FDA: 07/14/2023

LEGAL NAME AND LOCATION:
 H Lee Moffitt Cancer Center & Research Institute Hospital, Inc
 10901 McKinley Drive
 Tampa, FL 33612 USA
 813-745-8488

REPORTING OFFICIAL:
 Susan J. Cook
 H Lee Moffitt Cancer Center & Research Institute Hospital,
 12902 USF Magnolia Drive
 Tampa, FL 33612 USA
 813-745-8737
 Susan.Cook@moffitt.org

U.S. AGENT:

OTHER NAMES USED IN THIS LOCATION:
 Moffitt McKinley Hospital

TYPE OF OWNERSHIP:
 CORPORATION
DONOR/RECIPIENT RELATIONSHIP:

ESTABLISHMENT TYPE:
 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				
RED BLOOD CELLS (RBC)						X		X				
RBC DEGLYCEROLIZED						X		X				
RBC RECONSTITUTED						X		X				
RBC WASHED						X		X				
RBC REJUVENATED						X		X				
RBC REJUVENATED DEGLYCEROLIZED						X		X				
CRYOPRECIPITATED AHF												X
PLATELETS						X						
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)						X						

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<p>OTHER NAMES USED IN THIS LOCATION: Moffitt McKinley Hospital</p>	<p>TYPE OF OWNERSHIP: CORPORATION</p> <p>DONOR/RECIPIENT RELATIONSHIP:</p>	<p>ESTABLISHMENT TYPE: HOSPITAL BLOOD BANK</p>

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
PLATELETS EXTENDED DATING						X						
PLATELETS WASHED						X						
GRANULOCYTES						X		X				
LIQUID PLASMA						X						

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