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: 3003298248 DUNS: 079929244 U.S. License Number:	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Minneapolis VALIDATED BY FDA: 12/30/2022
LEGAL NAME AND LOCATION: Mayo Clinic Hospital - Rochester Methodist Campus Division of Transfusion Medicine 201 Center Street Rochester, MN 55902 USA 507-266-9410	REPORTING OFFICIAL: Jeffrey L. Winters, Staff Physicia Mayo Clinic Division of Transfus 200 First Street, SW Rochester, MN 55905 USA 507-538-1707 winters.jeffrey@mayo.edu		U.S. AGENT:
OTHER NAMES USED IN THIS LOCATION: RMH Crossmatch Lab	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO	NSHIP:	ESTABLISHMENT TYPE: HOSPITAL TRANSFUSION CENTER

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
RED BLOOD CELLS (RBC)						Х				, ·		
RBC DEGLYCEROLIZED						Х						
RBC RECONSTITUTED						Х						
RBC WASHED						Х						
PLATELETS						Х						
PLATELETS WASHED						Х						
GRANULOCYTES						Х						

**** End Of Report ****