

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. 634 is hereby issued to Central Kentucky Blood Center, Inc., the manufacturer, located at Lexington, Kentucky, through the establishment identified as Central Kentucky Blood Center, Inc. located at Lexington, Kentucky.

pursuant to Section 351 of the Public Health Service Act, approved July 1, 1944 (58 Stat. 702, 42 U.S.C. 262), as amended, and the regulations thereunder. The license authorizes the manufacturer to maintain an establishment for the propagation or manufacture and preparation for sale, barter, or exchange in the District of Columbia, or for sending, carrying, or bringing for sale, barter, 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 arsphenamine or its derivatives, for which the manufacturer holds an unsuspended and unvoked product license issued by the Secretary of Health and Human Services pursuant to said Act and regulations.

Date July 7, 1976

*John E. Harrell, Director*  
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

LEGAL NAME AND LOCATION:

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

859-276-2534

OTHER NAMES USED IN THIS LOCATION:  
Central Kentucky Blood Center, Inc., Central Kentucky Blood Center,  
Inc.; Kentucky Blood Center Inc.

Lexington, KY 40513-1709 USA

859-579-3785

Sandra.Rose@kybloodcenter.org

TYPE OF OWNERSHIP:  
CORPORATION

ESTABLISHMENT TYPE:  
COMMUNITY (NON-HOSPITAL) BLOOD BANK

DONOR/RECIPIENT RELATIONSHIP:

ALLOGENIC, AUTOLOGOUS, DIRECTED

U.S. AGENT:

Kentucky Blood Center, Inc.  
3121 Beaumont Centre Circle

REASON FOR SUBMISSION  
Annual Registration

DISTRICT OFFICE:Cincinnati  
VALIDATED BY FDA: 12/12/2025

PRODUCT	COLLECT	MANUAL ATHERESIS	AUTOMATED ATHERESIS	PREPARE REDUCED	LEUKOCYTES	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD		X			X	X	X		X			
RED BLOOD CELLS (RBC)				X	X	X	X			X		
RBC FROZEN					X	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		
PLASMA				X						X		

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: 12/12/2025

LEGAL NAME AND LOCATION:

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

859-276-2534

OTHER NAMES USED IN THIS LOCATION:

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

Lexington, KY 40513-1709 USA

859-519-3785

Sandra.Rose@kybloodcenter.org

TYPE OF OWNERSHIP:

CORPORATION

ESTABLISHMENT TYPE:

COMMUNITY (NON-HOSPITAL) BLOOD BANK

DONOR/RECIPIENT RELATIONSHIP:

ALLOGENIC, AUTOLOGOUS, DIRECTED

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE REDUCED	LEUKOCYTES IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
PF24 PLASMA				X		X		X			
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

**LEGAL NAME AND LOCATION:**

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

**REPORTING OFFICIAL:**  
Sandra K. Rose

Kentucky Blood Center, Inc.  
3121 Beaumont Centre Circle

**U.S. AGENT:**

Lexington, KY 40513 USA  
859-519-3785

Sandra.Rose@kybloodcenter.org

**OTHER NAMES USED IN THIS LOCATION:**  
Central Kentucky Blood Center - Andover; Kentucky Blood Center - Andover; Kentucky Blood Center Inc.

**TYPE OF OWNERSHIP:**  
CORPORATION

**ESTABLISHMENT TYPE:**  
COLLECTION FACILITY

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

PRODUCT	COLLECT	MANUAL Apheresis	AUTOMATED Apheresis	PREPARE	LEUKOCYTES REDUCED	IRRADIATED RETESTED	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

Annual Registration  
VALIDATED BY FDA: 12/12/2025

**LEGAL NAME AND LOCATION:**

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

**REPORTING OFFICIAL:**  
Sandra K. Rose

Kentucky Blood Center, Inc.  
3121 Beaumont Centre Circle

**U.S. AGENT:**

Lexington, KY 40513-1709 USA  
859-519-3785

Sandra.Rose@Kybloodcenter.org

**OTHER NAMES USED IN THIS LOCATION:**  
Central Kentucky Blood Center, Inc.; Kentucky Blood Center -

**TYPE OF OWNERSHIP:**  
CORPORATION

**ESTABLISHMENT TYPE:**  
COLLECTION FACILITY

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

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE REDUCED	LEUKOCYTES	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: 3022934680  
DUNS: 118702035  
U.S. License Number: 1836  
REASON FOR SUBMISSION  
Annual Registration  
VALIDATED BY FDA, 12/12/2025  
DISTRICT OFFICE: Cincinnati

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.  
1405 W. Cumberland Gap Pkwy  
Corbin, KY 40701 USA

REPORTING OFFICIAL:

Sandra K. Rose  
Kentucky Blood Center, Inc.  
3121 Beaumont Centre Circle

U.S. AGENT:

Lexington, KY 40513 USA  
859-519-3735

Sandra.Rose@kybloodcenter.org

OTHER NAMES USED IN THIS LOCATION:

Kentucky Blood Center-Tricounty

TYPE OF OWNERSHIP:

CORPORATION

ESTABLISHMENT TYPE:

COLLECTION FACILITY

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									

\*\*\*\* 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: 301192341  
DUNS: 109873442  
U.S. License Number:  
1836

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.  
14002 Shelbyville Rd  
Louisville, KY 40245 USA

502-290-0537

OTHER NAMES USED IN THIS LOCATION:  
Kentucky Blood Center - Middletown; Kentucky Blood Center, Inc

Lexington, KY 40513 USA  
859.519.3785

Sandra.Rose@kybloodcenter.org

REPORTING OFFICIAL:  
Sandra K. Rose  
Kentucky Blood Center  
3121 Beaumont Centre Circle

REASON FOR SUBMISSION  
Annual Registration

DISTRICT OFFICE:Cincinnati  
VALIDATED BY FDA: 12/12/2025

U.S. AGENT:

TYPE OF OWNERSHIP:  
CORPORATION

DONOR/RECIPIENT RELATIONSHIP:

ALLOGENIC, AUTOLOGOUS, DIRECTED

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE REDUCED	LEUKOCYTES	IRRADIATED	DONOR RESTESTED	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  
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BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR  
MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES

FEI: 3014276808  
DUNS: 116918360  
U.S. License Number: 11336  
REASON FOR SUBMISSION  
DISTRICT OFFICE:Cincinnati  
Annual Registration  
VALIDATED BY FDA: 12/12/2025

**LEGAL NAME AND LOCATION:**

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

**REPORTING OFFICIAL:**

Sandra K. Rose  
Kentucky Blood Center  
3121 Beaumont Centre Circle

**U.S. AGENT:**

Lexington, KY 40513 USA  
859-519-3785

Sandra.Rose@kybloodcenter.org

**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 REMOVED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN TESTING	POOLED REDUCED
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: 3023199756  
DUNS: 116729259  
U.S. License Number:  
1836

**LEGAL NAME AND LOCATION:**

Kentucky Blood Center, Inc.  
303 Versailles Road, Suite D  
Frankfort, KY 40601 USA

**REPORTING OFFICIAL:**  
Sandra K. Rose

Kentucky Blood Center  
3121 Beaumont Centre Circle

**U.S. AGENT:**

Lexington, KY 40513 USA  
859-579-3785  
Sandra.Rose@kybloodcenter.org

**OTHER NAMES USED IN THIS LOCATION:**  
Kentucky Blood Center-Frankfort

**TYPE OF OWNERSHIP:**  
CORPORATION

**DONOR/RECIPIENT RELATIONSHIP:**

ALLOGENIC, AUTOLOGOUS, DIRECTED

**ESTABLISHMENT TYPE:**  
COLLECTION FACILITY

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE REDUCED	LEUKOCYTES 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: 1048401  
DUNS: 125276147  
U.S. License Number: 1836

REASON FOR SUBMISSION  
Annual Registration

DISTRICT OFFICE: Cincinnati  
VALIDATED BY FDA: 12/12/2025

**LEGAL NAME AND LOCATION:**

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

**REPORTING OFFICIAL:**

Sandra K. Rose  
Kentucky Blood Center, Inc.  
3121 Beaumont Centre Circle

**U.S. AGENT:**

Lexington, KY 40513-1709 USA  
859-519-3785

Sandra.Rose@kybloodcenter.org

**OTHER NAMES USED IN THIS LOCATION:**  
Central Kentucky Blood Center, Inc.; Kentucky Blood Center -  
Somerset; Kentucky Blood Center Inc.

**TYPE OF OWNERSHIP:**  
CORPORATION

**ESTABLISHMENT TYPE:**  
COLLECTION FACILITY

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

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE REDUCED	LEUKOCYTES 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 \*\*\*\*\*