

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

ESTABLISHMENT LICENSE

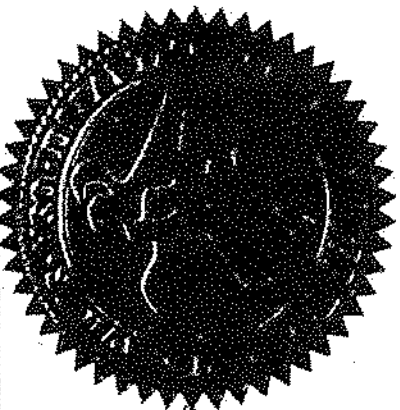
FOR THE MANUFACTURE OF
BIOLOGICAL PRODUCTS

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

DUPLICATE

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 unrevoked product license issued by the Secretary of Health and Human Services pursuant to said Act and regulations.

Date July 7, 1976



Donald H. Burroughs
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

FBI: 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

REPORTING OFFICIAL:

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

U.S. AGENT:

Lexington, KY 40513-1709 USA

859-276-2534

859-519-3785

Sandra.Rose@kybloodcenter.org

OTHER NAMES USED IN THIS LOCATION:

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

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			
PLASMA			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				REPORTING OFFICIAL: Sandra K. Rose Kentucky Blood Center, Inc. 3121 Beaumont Centre Circle Lexington, KY 40513-1709 USA 859-519-3785 Sandra.Rose@kybloodcenter.org				U.S. AGENT:				
859-276-2534												
OTHER NAMES USED IN THIS LOCATION: Central Kentucky Blood Center, Inc.; Central Kentucky Blood Center, Inc.; Kentucky Blood Center Inc.				TYPE OF OWNERSHIP: CORPORATION				ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK				
				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
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

REASON FOR SUBMISSION
Annual Registration

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

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

859-327-3223

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

DONOR/RECIPIENT RELATIONSHIP:

ALLOGENIC, AUTOLOGOUS, DIRECTED

ESTABLISHMENT TYPE:

COLLECTION FACILITY

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: 12/12/2025			
LEGAL NAME AND LOCATION: Kentucky Blood Center, Inc. 472 South Mayo Trail Pikeville, KY 41501 USA 806-432-4979					REPORTING OFFICIAL: Sandra K. Rose Kentucky Blood Center, Inc. 3121 Beaumont Centre Circle Lexington, KY 40513-1709 USA 859-519-3785 Sandra.Rose@kybloodcenter.org					U.S. AGENT:		
OTHER NAMES USED IN THIS LOCATION: Central Kentucky Blood Center, Inc.; Kentucky Blood Center - Pikeville; Kentucky Blood Center Inc.					TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED					ESTABLISHMENT TYPE: COLLECTION FACILITY		
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: 3022934680 DUNS: 118702035 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. 1465 W. Cumberland Gap Pkwy Corbin, KY 40701 USA				REPORTING OFFICIAL: Sandra K. Rose Kentucky Blood Center, Inc. 3121 Beaumont Centre Circle				U.S. AGENT:	
806-261-7002				Lexington, KY 40513 USA 859-519-3785 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: ALOGENIC, 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: 3011192341 DUNS: 109873442 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. 14002 Shelbyville Rd Louisville, KY 40245 USA 502-290-0537				REPORTING OFFICIAL: Sandra K. Rose Kentucky Blood Center 3121 Beaumont Centre Circle Lexington, KY 40513 USA 859-519-3785 Sandra.Rose@kybloodcenter.org				U.S. AGENT:				
OTHER NAMES USED IN THIS LOCATION: Kentucky Blood Center - Middletown; 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	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: 3014276808
DUNS: 116916360
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.
Kentucky Blood Center, Inc
5406 Antle Drive
Suite 101
Louisville, KY 40229 USA

REPORTING OFFICIAL:

Sandra K. Rose
Kentucky Blood Center
3121 Beaumont Centre Circle

U.S. AGENT:

502-915-0989

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

ESTABLISHMENT TYPE:
COLLECTION FACILITY

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: 3023199756 DUNS: 118729259 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. 363 Versailles Road, Suite D Frankfort, KY 40601 USA				REPORTING OFFICIAL: Sandra K. Rose Kentucky Blood Center 3121 Beaumont Centre Circle Lexington, KY 40513 USA 859-519-3785 Sandra.Rose@kybloodcenter.org				U.S. AGENT:				
502-234-2447												
OTHER NAMES USED IN THIS LOCATION: Kentucky Blood Center-Frankfort				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		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 Stonegate Centre Somerset, KY 42503 USA				REPORTING OFFICIAL: Sandra K. Rose Kentucky Blood Center, Inc. 3121 Beaumont Centre Circle Lexington, KY 40513-1709 USA 859-519-3785 Sandra.Rose@kybloodcenter.org				U.S. AGENT:			
606-679-7413											
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				ESTABLISHMENT TYPE: COLLECTION FACILITY			
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 ****