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

Date July 7, 1976

for *Director, Center for Biologics*
Evaluation and Research
Food and Drug Administration

FORM FDA 3181 (4/88)

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
Change in Information

DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:

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

859-276-2534

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.; 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
Change in Information

DISTRICT OFFICE: Cincinnati

VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:

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

859-276-2534

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.; 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
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
Change in Information

DISTRICT OFFICE: Cincinnati

VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:

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

859-327-3223

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

Lexington, KY 40513 USA

859-519-3785
Sandra.Rose@kybloodcenter.org

U.S. AGENT:

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: 3022934680
DUNS: 118702035
U.S. License Number: 1836

REASON FOR SUBMISSION
Change in Information

DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:

Kentucky Blood Center, Inc.
1466 W. Cumberland Gap Pkwy
Corbin, KY 40701 USA

606-261-7002

REPORTING OFFICIAL:
Sandra K. Rose
Kentucky Blood Center, Inc.
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-Tricounty

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									

***** 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
Change in Information

DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:

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

502-234-2447

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-Frankfort

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

REASON FOR SUBMISSION
Change in Information

DISTRICT OFFICE: Cincinnati

VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:
Kentucky Blood Center, Inc.
Kentucky Blood Center, Inc
5406 Antle Drive
Suite 101
Louisville, KY 40229 USA

502-915-0989

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 - 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: 3011192341
DUNS: 109873442
U.S. License Number: 1836

REASON FOR SUBMISSION
Change in Information

DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 06/23/2025

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

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
Change in Information

DISTRICT OFFICE: Cincinnati

VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:

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

606-432-4979

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: 1048401
DUNS: 125276147
U.S. License Number: 1836

REASON FOR SUBMISSION
Change in Information

DISTRICT OFFICE: Cincinnati
VALIDATED BY FDA: 06/23/2025

LEGAL NAME AND LOCATION:

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

606-679-7413

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 - 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 *****