

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: 1070217 DUNS: 094064912 U.S. License Number: 439			REASON FOR SUBMISSION Annual Registration			DISTRICT OFFICE:Florida VALIDATED BY FDA: 12/31/2024		
LEGAL NAME AND LOCATION: Continental Services Group, Inc. 1300 N.W. 36th Street Miami, FL 33142 USA 305-633-7700 x238			REPORTING OFFICIAL: Cori D. Capik Continental Services Group, Inc. P.O. Box 420-950 Miami, FL 33242-0950 USA 305-633-7700 x238 quality@continentalblood.com						U.S. AGENT:		
OTHER NAMES USED IN THIS LOCATION: Continental Blood Bank; Continental Blood Center			TYPE OF OWNERSHIP: CORPORATION						ESTABLISHMENT TYPE: COLLECTION FACILITY; COMMUNITY (NON-HOSPITAL) BLOOD BANK; PLASMAPHERESIS CENTER		
			DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC								

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			
GRANULOCYTES				X				X	X			
FRESH FROZEN PLASMA		X		X				X	X			
SOURCE LEUKOCYTES			X	X				X	X			
SOURCE PLASMA			X					X	X			
RECOVERED PLASMA				X				X	X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X			X				X	X			
BLOOD COMPONENTS FOR RESEARCH	X			X				X	X			
RESEARCH BLOOD PRODUCTS FOR SALE	X			X				X	X			

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