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: 3015198795 DUNS: 116960291 U.S. License Number: 1890	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Detroit VALIDATED BY FDA: 11/16/2023
LEGAL NAME AND LOCATION: DLP Marquette General Hospital, LLC 427 W. College Ave Marquette, MI 49855 USA	REPORTING OFFICIAL: Jeffrey Conklin DLP Marquette General Hospita 850 W. Baraga Ave. Marquette, MI 49855 USA	II, LLC	U.S. AGENT:
	polly.hockberger@lifepointhealtl	h.net	
OTHER NAMES USED IN THIS LOCATION: UP Health System - Marquette; Upper Peninsula Regional Blood Center	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC, AUTOLOGOUS,		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	Х				Х	Х		Х	Х	,		
RED BLOOD CELLS (RBC)			Х	Х	Х			Х	х			
CRYOPRECIPITATED AHF				Х								
PLATELETS			Х	Х	Х	Х			х			
PLATELETS EXTENDED DATING			Х	Х	Х				х			
PLASMA			Х	Х	Х				х			
FRESH FROZEN PLASMA			Х	Х	Х				х			
PLASMA CRYOPRECIPITATED REDUCED									х			
LIQUID PLASMA			Х	Х	Х				х			
RECOVERED PLASMA									х			

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DEPARTMENT OF HEALTH AND HUMAN SERVIC PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND F MANUFACTURERS OF BLOOD PRODUCTS AND	PRODUCT LIST		FEI: 301 DUNS: 116 U.S. License	Number:		SON FOR SUE al Registration			T OFFICE:Det			
LEGAL NAME AND LOCATION: DLP Marquette General Hospital, LLC 427 W. College Ave Marquette, MI 49855 USA	REPORTING OFFICIAL: Jeffrey Conklin DLP Marquette General Hospital, LLC 850 W. Baraga Ave.						U.S. AGENT:					
		Marquette, MI 49855 USA polly.hockberger@lifepointhealth.net										
OTHER NAMES USED IN THIS LOCATION UP Health System - Marquette; Upper Penin Center	CORPORA DONOR/RE	ECIPIENT RE	: E LATIONSHIF GOUS, DIREC	=		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

^{*****} End Of Report *****

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