

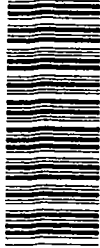
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER  
FEI: 1472204  
CFN: 1472204

2. U.S. LICENSE NUMBER  
1025

3. REASON FOR SUBMISSION  
 ANNUAL REGISTRATION  
 INITIAL REGISTRATION  
 CHANGE IN INFORMATION

FOR FDA USE ONLY



PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your legal name or actual location in item 4, and any changes in your mailing address in item 6. Print all entries and make all corrections in red ink, if possible. Enter your phone number in item 8.3 and the phone number of your actual location in item 4.1. Sign the form and return to FDA. After validation, you will receive your Official Registration for the ensuing year.

This form is authorized by Sections 510(b), (j) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (j) and 374). Failure to report this information is a violation of Section 301(f) and (p) of the Act (Title 21, United States Code 331(f) and (p)) and can result in a fine of up to \$1,000 or imprisonment up to one year or both, pursuant to Section 303(a) of the Act (Title 21, United States Code 333(a)).

DISTRICT OFFICE: Chicago  
VALIDATED BY FDA: 27-NOV-2007  
PRINTED BY FDA: 27-NOV-2007

ENTER ALL CHANGES IN RED INK AND CIRCLE.

4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)

LifeSource  
1205 North Milwaukee Avenue  
Glenview, IL 60025

4.1 PHONE 847-803-7687

5. OTHER NAMES USED AT THIS LOCATION (Include trade name, doing-business-as, previous names, and other firms co-located. If applicable, include registration number.)

9. TYPE OF OWNERSHIP

- 1.  SINGLE PROPRIETORSHIP
- 2.  PARTNERSHIP
- 3.  CORPORATION profit non-profit
- 4.  COOPERATIVE ASSOCIATION
- 5.  FEDERAL (non-military)
- 6.  U.S. MILITARY
- 7.  STATE
- 8.  COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
- 9.  OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)

- 1.  COMMUNITY (NON-HOSPITAL) BLOOD BANK
- 2.  HOSPITAL BLOOD BANK
- 3.  PLASMAPHERESIS CENTER
- 4.  PRODUCT TESTING LABORATORY
- a.  INDEPENDENT
- 5.  HOSPITAL TRANSFUSION SERVICE
- a.  ASSOCIATED w/ COMMUNITY or HOSPITAL BLOOD BANK
- 6.  COMPONENT PREPARATION FACILITY
- 7.  COLLECTION FACILITY
- 8.  DISTRIBUTION CENTER
- 9.  BROKER/WAREHOUSE
- 10.  OTHER (Specify):

U.S. LICENSE NUMBER OF PARENT FIRM

11. PRODUCTS	ALLOGENEIC	AUTOLOGOUS	DIRECTED	COLLECT (-1)	MANUAL APHERESIS (-2)	AUTOMATED APHERESIS (-3)	PREPARE (-4)	LEUKOCYTES REDUCED (-5)	IRRADIATED (-6)	DONOR RETESTED (-7)	TEST (-8)	STORE AND DISTRIBUTE TO OTHERS (-9)
<input checked="" type="checkbox"/> ALLOGENEIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X								
WHOLE BLOOD												
RED BLOOD CELLS (RBC)								X	X		X	X
RBC FROZEN							X	X	X		X	X
RBC DEGLYCEROLIZED							X				X	X
RBC REJUVENATED							X				X	X
RBC REJUVENATED FROZEN							X				X	X
RBC REJUVENATED DEGLYCEROLIZED							X				X	X
CRYOPRECIPITATED AHF							X				X	X
PLATELETS							X		X		X	X
LEUKOCYTES/GRANULOCYTES							X				X	X
PLASMA							X		X		X	X
PLASMA CRYOPRECIPITATE REDUCED							X		X		X	X
FRESH FROZEN PLASMA							X		X		X	X
LIQUID PLASMA							X				X	X
THERAPEUTIC EXCHANGE PLASMA												
SOURCE LEUKOCYTES							X				X	X
SOURCE PLASMA												
RECOVERED PLASMA							X					
BLOOD PRODUCTS FOR DIAGNOSTIC USE												
BLOOD BANK REAGENTS												
OTHER												

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)

LifeSource  
ATTN: Nancy C. Joseph  
1205 North Milwaukee Avenue  
Glenview, IL 60025-2498

7. U.S. AGENT (include name, institution name if applicable, number and street, city, state, and zip code)

7.1 E-MAIL ADDRESS  
7.2 PHONE

8. REPORTING OFFICIAL'S SIGNATURE

8.1 TYPED NAME Nancy C. Joseph  
8.2 E-MAIL ADDRESS njoseph@itxm.org  
8.3 PHONE 847-803-7896

8.4 DATE