

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	<b>FEI:</b> 1872515 <b>DUNS:</b> 827960584 <b>U.S. License Number:</b> 248	<b>REASON FOR SUBMISSION</b> Annual Registration	<b>DISTRICT OFFICE:</b> Detroit  <b>VALIDATED BY FDA:</b> 10/07/2025
<b>LEGAL NAME AND LOCATION:</b>  South Bend Medical Foundation, Inc. Goshen Blood Donor Center 2222 Rieth Blvd Goshen, IN 46526 USA  574-204-4040	<b>REPORTING OFFICIAL:</b> Taylor M. Kline South Bend Medical Foundation, Inc. 3355 Douglas Road  South Bend, IN 46635 USA 574-204-4295 tkline@sbfm.org	<b>U.S. AGENT:</b>	
<b>OTHER NAMES USED IN THIS LOCATION:</b> The Medical Foundation	<b>TYPE OF OWNERSHIP:</b> CORPORATION  <b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC, AUTOLOGOUS, DIRECTED	<b>ESTABLISHMENT TYPE:</b> 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									
FRESH FROZEN PLASMA			X									

\*\*\*\*\* End Of Report \*\*\*\*\*