



13000

BLOOD ESTABLISHMENT

Name Life stream Blood Bank

Amount _____

6/7/24-01-8601-S0015

LF 0597628200 02583

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Revenue: 0597628200

Blood Establishment Registration Application

Select one: New Registration Change of Ownership
 Change in Standing Renewal of Registration

Check One

Association Limited Partnership Sole Proprietor
 Corporation Municipality (City) State Government Agency
 Federal Government Agency Municipality (County) Tribal Government Agency
 Limited Liability Company Non-Profit Corporation Trust
 Limited Liability Partnership Partnership

1. Demographic Information

UBI # 605 553 015		Federal Tax ID (FEIN) # 95 01708743	
Legal Owner/Operator Name LIFESTREAM BLOOD BANK			
Mailing Address 384 WEST ORANGE SHOW ROAD			
City SAN BERNARDINO	State CA	Zip Code 92408	County SAN BERNARDINO
Phone (enter 10 digit #) 909.386.6821 / 909.386.6822		Fax (enter 10 digit #) 909.381.2036	
Email Address REGULATORY@LSTREAM.ORG		Web Address WWW.LIFESTREAMCASCADE.ORG	
Facility/Agency Name (doing business as (dba) if different from above) LIFESTREAM BLOOD BANK			
Physical Address 909 S. 336 th STREET, SUITE B-102			
City FEDERAL WAY	State WA	Zip Code 98003	County KING COUNTY
Facility Phone (enter 10 digit #) TBD		Fax (enter 10 digit #) TBD	
Email Address REGULATORY@LSTREAM.ORG			
Mailing Address (If different than physical address) (SAME AS ABOVE)			
City	State	Zip Code	County

2. Client Information

List all of your clients in Washington State. Include current and valid email addresses for each. Attach additional pages as needed.

Client Name	Client Email Address
NONE AT THIS TIME.	

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3. Contact Information

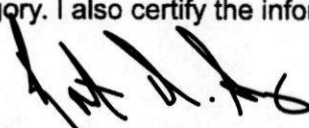
Contact Person Name CHHAVY THANG	Title DIRECTOR, REGULATORY & QUALITY SYSTEMS
Phone (enter 10 digit #) 909.386.6822	Email Address THANGCH@LSTREAM.ORG
Contact Person Name ROBERT BAYER	Title VICE PRESIDENT, QUALITY & REGULATORY
Phone (enter 10 digit #) 98.386.6821	Email Address BAYERRO@LSTREAM.ORG

4. Change of Ownership Information

Previous Name of Legal Owner N/A		
Previous Name of Facility	Previous License #	Effective Date of Ownership Change

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.



May 30, 2024

Signature of Owner/Authorized Representative

Date

ROBERT SANCHEZ
Print Name

PRESIDENT / CEO
Print Title

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RCW/WAC and Online Website Links

RCW/WAC Links

Administrative procedures and requirements, WAC 246-12

Blood Establishments Laws, RCW 70.335

Blood Establishments Rules, WAC 246-339

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. 226 is hereby issued
to Blood Bank of San Bernardino and Riverside Counties, the manufacturer,
located at San Bernardino, California, through the establishment
identified as Blood Bank of San Bernardino and Riverside Counties,
located at San Bernardino, California,

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 DEC 04 1981



[Signature]
Director, Bureau of Biologics
Food and Drug Administration

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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: 2074143 DUNS: 030592323 U.S. License Number: 226	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Los Angeles VALIDATED BY FDA: 11/28/2023
LEGAL NAME AND LOCATION: Blood Bank of San Bernardino and Riverside Counties 384 West Orange Show Road San Bernardino, CA 92408 USA 909-885-6503	REPORTING OFFICIAL: Chhavy Thang LifeStream 384 W. Orange Show Road San Bernardino, CA 92408 USA 909-386-6822 Regulatory@LStream.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: (DBA) LifeStream - San Bernardino	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	X			
RBC FROZEN				X	X			X	X			
RBC DEGLYCEROLIZED				X	X	X		X	X			
CRYOPRECIPITATED AHF				X					X			X
PLATELETS			X		X	X		X	X		X	
PLATELETS EXTENDED DATING			X		X	X		X	X	X		
GRANULOCYTES			X	X		X		X	X			
PF24 PLASMA			X	X					X			
PF24RT24 PLASMA			X	X					X			

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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: 2074143 DUNS: 030592323 U.S. License Number: 226	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Los Angeles VALIDATED BY FDA: 11/28/2023
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PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
FRESH FROZEN PLASMA			X	X					X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			
LIQUID PLASMA				X		X			X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE				X					X			
RECONSTITUTED WHOLE BLOOD				X		X		X				

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

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Dear Licensee:
Attached below is your license for the production of Biologics. Your license is void after the expiration date below.

NOTE: Application for renewal of license must be filed with the department not less than 10 days prior to its expiration date and shall be accompanied by the annual renewal fee. Failure to make a timely renewal shall result in expiration of the license.

California Health and Safety Code, Section 1615. Automatic revocation; new license prior to change; proceedings for denial.

(a) A license shall be automatically revoked when there is a change of address, ownership, or person in charge of biologics production. However, a new license may be secured for the new location, owner or person in charge prior to the actual change, provided the contemplated change is in compliance with all the provisions of this chapter, and regulations pertaining thereto.

(b) Proceedings for denial of license shall be conducted in accordance with Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2 of the Government Code.

QUESTIONS AND INFORMATION:

If you have any questions, please write to:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Biologics
850 Marina Bay Parkway, Bldg. P-1st Floor
Richmond, CA 94804

Email: LFSBiologics@cdph.ca.gov

LIFESTREAM - SAN BERNARDINO
PO BOX 1429
SAN BERNARDINO, CA 92408

OFFSITE COLLECTION:

- SAN BERNARDINO DONOR CENTER ----- SAN BERNARDINO, CA
- RIVERSIDE DONOR CENTER ----- RIVERSIDE, CA
- ONTARIO DONOR CENTER ----- ONTARIO, CA
- MURRIETA DONOR CENTER ----- MURRIETA, CA
- LA QUINTA DONOR CENTER ----- LA QUINTA, CA
- HIGH DESERT DONOR CTR - VICTORVILLE - VICTORVILLE, CA



STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

LICENSE FOR THE PRODUCTION OF BIOLOGICS

In accordance with Division 2, Chapter 4 of the Health and Safety Code, the entity named below is hereby licensed to engage in the production of human whole blood or blood components at the indicated address and its blood collection centers and/or mobile units.



LIFESTREAM - SAN BERNARDINO

384 ORANGE SHOW ROAD
SAN BERNARDINO, CA 92408

OWNER(S):

**BLOOD BANK OF SAN BERNARDINO
AND
RIVERSIDE COUNTIES**

9021

BLOOD BANK ID NUMBER

July 23, 2024

EXPIRATION DATE

July 24, 2023

ISSUANCE DATE

MEDICAL DIRECTOR(S):

**TUAN LE, MD
FREDERICK B. AXELROD, MD**

PRODUCTS

- CRYOPRECIPITATED AHF
- CRYOPRECIPITATED AHF - POOLED
- PLATELETS - PRT
- PLATELETS EXTENDED DATING
- GRANULOCYTES PHERESIS
- IRRADIATED PLATELETS, PHERESIS - LR
- IRRADIATED RBCs LR
- FFP
- FP-24

- LIQUID PLASMA
- NEONATAL ALIQUOTS
- PLASMA - THAWED (5-DAY)
- PLASMA FOR MANUFACTURE
- PLATELETS PHERESIS - LR
- RBC RECONSTITUTED
- RBCs - DEGLYCEROLIZED

- RBCs - PHERESIS - LR
- RBCs - WASHED
- THERAPEUTIC PHELEBOTOMY
- WHOLE BLOOD
- RBCs - LR
- COVID-19 CONVALESCENT PLASMA
- OFF-SITE DISTRIBUTION

Robert J. Thomas
Robert J. Thomas
Branch Chief, Laboratory Field Services

Application Instructions Checklist

When your application for a blood establishment registration is received by the Department of Health, you will be notified of any outstanding documentation needed to complete the application process.

Indicate type of application:

- **New**—First time requesting a blood establishment registration.
- **Change in Ownership**—When name of legal owner/operator changes resulting from the sale of blood establishment.
- **Change in Standing**—When the blood establishment has a change in standing of its FDA license.
- **Renewal**—Annual renewal of your blood establishment registration.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

Application Fees: Fees are non-refundable. You can check the online [fee page](#) for current fees.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if they have them.

Facility/Agency Name: Enter the agency's name or doing business as (dba) name as advertised on signs, brochures or websites, if different from legal owner/operator name.

Physical Address: Enter the agency's physical street location including city, state, zip code, and county.

Email address: Enter the agency's email address if available.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

2. Client Information:
List all of your clients in Washington State. Include current and valid email addresses for each. Attach additional pages as needed.

3. Contact Information:
Enter name, title, phone number, fax number, and email address.

4. Change of Ownership Information (if applicable):
List the previous legal owner name, previous name of facility, previous license number, and effective date of ownership change.

Signature:
Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

Additional Requirements:

In addition to the application and registration fees, you must submit the following:

Provide proof of the blood establishments current FDA licensure.

- Copies of any disciplinary actions issued upon or active against the blood establishments FDA license within the last two years. This may include:
- Titled letters, fines, license suspensions, or revocations issued by the FDA.
- and/or**
- Judicial consent decrees.

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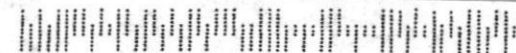
 **LifeStream**

GIVE HOPE | GIVE LIFE | GIVE BLOOD

384 W. Orange Show Rd., San Bernardino, CA 92408

WASHINGTON STATE
DEPARTMENT OF HEALTH
P.O. BOX 1099
OLYMPIA WA 98507-1099

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Blood Establishment Registration - Report

Submitted To FDA

Confirmation Number: **76329**

Submitted by: **LifeStream Regulatory** on **08/15/2024**

This report has been submitted to the FDA. Report is now in view only mode.

To make changes to this registration, wait until we have accepted this report, then select this establishment and submit a new report with the new changes.

LEGAL NAME AND LOCATION

Central File Number (CFN):

FDA Establishment Identifier (FEI):

Applicant License Number:

Parent License Number: 226

Establishment DUNS: 119297041

Current Status: PRE-REGISTERED

Applicant Name:

Legal Name: LifeStream Blood Bank

Address: 909 S 336th St Ste B102

City: Federal Way

State: Washington

Zip: 98003

Country: UNITED STATES

Phone: 877-242-5663

District Office: Seattle

OTHER NAMES USED AT THIS LOCATION

New Other Name(s): LifeStream Cascade Region

MAILING ADDRESS OF REPORTING OFFICIAL

Organization: LifeStream Blood Bank

Reporting Official Name: Chhavy Thang

Address: 384 Orange Show Road

City: San Bernardino

State: California

Zip: 92408

Country: UNITED STATES

Phone: 909-386-6822

Foreign Phone:

Email: Regulatory@LStream.org

TYPE OF OWNERSHIP

Corporation: Non-Profit

ESTABLISHMENT TYPE

Collection Facility

<input checked="" type="checkbox"/> Allogeneic <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> 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)	BACTERIAL TESTING (10)	PATHOGEN REDUCED (11)	POOLED (12)
(1) WHOLE BLOOD	✓											
(2) RED BLOOD CELLS (RBC)			✓		✓							
(3) RBC FROZEN												
(4) RBC DEGLYCEROLIZED												
(5) RBC RECONSTITUTED												
(6) RBC WASHED												
(7) RBC REJUVENATED												
(8) RBC REJUVENATED FROZEN												
(9) RBC REJUVENATED DEGLYCEROLIZED												
(10) CRYOPRECIPITATED AHF												
(11) PLATELETS			✓		✓							
(12) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)												
(13) PLATELETS EXTENDED DATING												
(14) PLATELETS WASHED												
(15) GRANULOCYTES												
(16) PLASMA												
(17) PF24 PLASMA			✓									
(18) PF24RT24 PLASMA			✓									
(19) FRESH FROZEN PLASMA			✓									
(20) PLASMA CRYOPRECIPITATED REDUCED												
(21) LIQUID PLASMA												
(22) THERAPEUTIC EXCHANGE PLASMA												
(23) SOURCE LEUKOCYTES												
(24) SOURCE PLASMA												
(25) RECOVERED PLASMA												
(26) BLOOD PRODUCTS FOR DIAGNOSTIC USE												
(27) BLOOD BANK REAGENTS												
(28) DONOR SCREENING IVDs												
(29) FREEZE DRIED PLASMA												

New Facility

CBER On-Line

Print Form

FDA information collection OMB Control number: 0910-0052
 Expiration Date: 7/31/2024 Previous Editions are Obsolete
 eBER v1.19.03
 Updated 07/29/2024

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FDA / Center for Biologics Evaluation and Research

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: 3032023803 DUNS: 119297041 U.S. License Number: 226	REASON FOR SUBMISSION	DISTRICT OFFICE: Seattle VALIDATED BY FDA: 08/27/2024
LEGAL NAME AND LOCATION: Blood Bank of San Bernardino and Riverside Counties 909 S 336th St Ste B102 Federal Way, WA 98003 USA 877-242-5663	REPORTING OFFICIAL: Chhavy Thang LifeStream Blood Bank 384 Orange Show Road San Bernardino, CA 92408 USA 909-386-6822 Regulatory@LStream.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: LifeStream Cascade Region	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		X							
PLATELETS			X		X							
PF24 PLASMA			X									
PF24RT24 PLASMA			X									
FRESH FROZEN PLASMA			X									

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