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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | <b>FEI:</b> 3010484696<br><b>DUNS:</b> 025370860<br><b>U.S. License Number:</b><br>465  | <b>REASON FOR SUBMISSION</b><br>Annual Registration | <b>DISTRICT OFFICE:</b> New Jersey<br><br><b>VALIDATED BY FDA:</b> 11/03/2020 |
| <b>LEGAL NAME AND LOCATION:</b><br><br>New York Blood Center, Inc.<br>791 Route 17 South<br>Paramus, NJ 07652 USA<br><br><br>201-639-0169  | <b>REPORTING OFFICIAL:</b><br>Christine Driscoll, Director, Regulatory Affairs<br>New York Blood Center<br>1200 Prospect Avenue<br><br>Westbury, NY 11590 USA<br><br>516-478-5264<br>cdriscoll@nybc.org |   | <b>U.S. AGENT:</b>  |
| <b>OTHER NAMES USED IN THIS LOCATION:</b>  | <b>TYPE OF OWNERSHIP:</b><br>CORPORATION<br><br><b>DONOR/RECIPIENT RELATIONSHIP:</b><br>ALLOGENIC, DIRECTED   |   | <b>ESTABLISHMENT TYPE:</b><br>COLLECTION FACILITY                             |

| PRODUCT               | COLLECT | MANUAL<br>APHERESIS | AUTOMATED<br>APHERESIS | PREPARE | LEUKOCYTES<br>REDUCED | IRRADIATED | DONOR<br>RETESTED | TEST | STORE AND<br>DISTRIBUTE<br>TO OTHERS | BACTERIAL<br>TESTING | PATHOGEN<br>REDUCED | POOLED |
|-----------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD           | X       |                     |                        |         |                       |            |                   |      |                                      |                      |                     |        |
| RED BLOOD CELLS (RBC) |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLATELETS             |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| GRANULOCYTES          |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| PLASMA                |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| FRESH FROZEN PLASMA   |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| SOURCE PLASMA         |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |

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