**MANUAL APHERESIS**

**AUTOMATED APHERESIS**

**IRRADIATED PREPARE TEST STORE AND DISTRIBUTE TO OTHERS**

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**LEGAL NAME AND LOCATION:**
New York Blood Center, Inc.  
525 Executive Boulevard  
Elmsford, NY 10523 USA  
914-784-4600

**REPORTING OFFICIAL:**
Peter Ingrassia, Director, Regulatory Affairs  
New York Blood Center, Inc.  
1200 Prospect Avenue  
Westbury, NY 11590 USA  
516-478-5070  
pinggrassia@nybc.org

**U.S. AGENT:**

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**OTHER NAMES USED IN THIS LOCATION:**

**TYPE OF OWNERSHIP:**
CORPORATION

**DONOR/RECIPIENT RELATIONSHIP:**
ALLOGENIC, AUTOLOGOUS, DIRECTED

**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 |  |  |  |  |  |  |  |  |  |  |  |
PLASMA |  |  |  |  |  |  |  |  |  |  |  |  |
FRESH FROZEN PLASMA |  | X |  |  |  |  |  |  |  |  |  |  |
SOURCE PLASMA |  | 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:** 3000207008  
**DUNS:** 618340848  
**U.S. License Number:** 465  
**REASON FOR SUBMISSION:** Annual Registration  
**DISTRICT OFFICE:** New York  
**VALIDATED BY FDA:** 10/04/2023

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**PRODUCT**

**COLLECT**

**MANUAL APHERESIS**

**AUTOMATED APHERESIS**

**PREPARE**

**LEUKOCYTES REDUCED**

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**TEST**

**STORE AND DISTRIBUTE TO OTHERS**

**BACTERIAL TESTING**

**PATHOGEN REDUCED**

**POOLED**

----- End Of Report -----