**LEGAL NAME AND LOCATION:**
New York Blood Center, Inc.
290 Sunrise Highway
Rockville Centre, NY 11570 USA

516-323-8000

**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

**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 | | | | | | | | | | | | X
FRESH FROZEN PLASMA | | | | | | | | | | | | X
SOURCE PLASMA | | | | | | | | | | | | X

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