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: 1270007 DUNS: 062323019 U.S. License Number: 1786	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE:New England VALIDATED BY FDA: 11/08/2023		
LEGAL NAME AND LOCATION: Rhode Island Blood Center, a Division of New York Blood Cen Rhode Island Blood Center, a Division of New York Blood Cen 405 Promenade Street Providence, RI 02908 USA	REPORTING OFFICIAL: Darlene Folan, Vice President, Rhode Island Blood Center 405 Promenade Street	Quality	U.S. AGENT:		
401-453-8364	Providence, RI 02908 USA 401-453-8364 dfolan@ribc.org	×.			
OTHER NAMES USED IN THIS LOCATION: Providence Donor Center; Rhode Island Blood Center	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATION ALLOGENIC, AUTOLOGOUS		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			х	×			
RED BLOOD CELLS (RBC)			x	x	x	х		х	x			
RBC FROZEN				х	x			x	x			
RBC DEGLYCEROLIZED				х	x	х		х	x			
RBC WASHED		-		х		x		х	x			
CRYOPRECIPITATED AHF				х				х	x			х
PLATELETS			x	х	x	х		х	x	х	x	
PLATELETS WASHED				х	x	х		х	x	x		
GRANULOCYTES			x	х		х		х	x			
PLASMA			x	x				x	x			

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	DONOR/RECIPIENT RELATION ALLOGENIC, AUTOLOGOUS,		j s				

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	х				х	×			
PLASMA CRYOPRECIPITATED REDUCED		•		x				х	x			
THERAPEUTIC EXCHANGE PLASMA			x					х				
SOURCE LEUKOCYTES				X				х	x			
RECOVERED PLASMA				x				x	x			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	x							x	x			

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