


DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING	1. REGISTRATION NUMBER FEI: 3005680856 CFN: 2. U.S. LICENSE NUMBER 465	3. REASON FOR SUBMISSION .1 <input checked="" type="checkbox"/> ANNUAL REGISTRATION .2 <input type="checkbox"/> INITIAL REGISTRATION .3 <input type="checkbox"/> CHANGE IN INFORMATION	FOR FDA USE ONLY  DISTRICT OFFICE: New York VALIDATED BY FDA: 06-DEC-2017 PRINTED BY FDA: 08-JAN-2018																																																																																																																																																																																																																																						
PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your legal name or actual location in item 4, and any changes in your mailing address in item 6. Print all entries and make all corrections in red ink, if possible. Enter your phone number in item 8.3 and the phone number of your actual location in item 4.1. Sign the form and return to FDA. After validation, you will receive your Official Registration for the ensuing year.																																																																																																																																																																																																																																									
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4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code) New York Blood Center, Inc. Port Jefferson Donor Center 1010 Route 112 Port Jefferson Station, NY 11776 4.1 PHONE 631 473-1694	9. TYPE OF OWNERSHIP .1 <input type="checkbox"/> SINGLE PROPRIETORSHIP .2 <input type="checkbox"/> PARTNERSHIP .3 <input checked="" type="checkbox"/> CORPORATION profit___ non-profit <input checked="" type="checkbox"/> .4 <input type="checkbox"/> COOPERATIVE ASSOCIATION .5 <input type="checkbox"/> FEDERAL (non-military) .6 <input type="checkbox"/> U.S. MILITARY .7 <input type="checkbox"/> STATE .8 <input type="checkbox"/> COUNTY/MUNICIPAL/HOSPITAL AUTHORITY .9 <input type="checkbox"/> OTHER (Specify) : _____	10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.) .1 <input type="checkbox"/> COMMUNITY (NON-HOSPITAL) BLOOD BANK .2 <input type="checkbox"/> HOSPITAL BLOOD BANK .3 <input type="checkbox"/> PLASMAPHERESIS CENTER .4 <input type="checkbox"/> PRODUCT TESTING LABORATORY a. ___ INDEPENDENT ___ ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK .5 <input type="checkbox"/> HOSPITAL TRANSFUSION SERVICE a. ___ APPROVED FOR MEDICARE REIMBURSEMENT ___ NOT APPROVED FOR MEDICARE REIMBURSEMENT .6 <input type="checkbox"/> COMPONENT PREPARATION FACILITY .7 <input checked="" type="checkbox"/> COLLECTION FACILITY .8 <input type="checkbox"/> DISTRIBUTION CENTER .9 <input type="checkbox"/> BROKER/WAREHOUSE .10 <input type="checkbox"/> OTHER (Specify) : _____ } 465 U.S. LICENSE NUMBER OF PARENT FIRM																																																																																																																																																																																																																																							
5. OTHER NAMES USED AT THIS LOCATION (Include trade name, doing-business-as, previous names, and other firms co-located. If applicable, include registration number.)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:55%;"></th> <th style="width:5%;">COLLECT</th> <th style="width:5%;">MANUAL APHERESIS</th> <th style="width:5%;">AUTOMATED APHERESIS</th> <th style="width:5%;">PREPARE</th> <th style="width:5%;">LEUKOCYTES REDUCED</th> <th style="width:5%;">IRRADIATED</th> <th style="width:5%;">DONOR RETESTED</th> <th style="width:5%;">TEST</th> <th style="width:5%;">STORE and DISTRIBUTE to OTHERS</th> </tr> <tr> <th style="text-align: center;"> <input checked="" type="checkbox"/> ALLOGENEIC <input checked="" type="checkbox"/> AUTOLOGOUS <input checked="" type="checkbox"/> DIRECTED </th> <th style="text-align: center;">(1)</th> <th style="text-align: center;">(2)</th> <th style="text-align: center;">(3)</th> <th style="text-align: center;">(4)</th> <th style="text-align: center;">(5)</th> <th style="text-align: center;">(6)</th> <th style="text-align: 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