## MANUAL APERESIS

**AUTOMATED APERESIS**

**REASON FOR SUBMISSION**
Annual Registration

**DISTRICT OFFICE:** New York

**VALIDATED BY FDA:** 11/03/2020

### LEGAL NAME AND LOCATION:

New York Blood Center, Inc.
905 Walt Whitman Road
Melville, NY 11747 USA

631-546-9499

### REPORTING OFFICIAL:

Christine Driscoll, Director, Regulatory Affairs
New York Blood Center, Inc.
1200 Prospect Avenue

Westbury, NY 11590 USA
516-478-5264
cdriscoll@nybc.org

### OTHER NAMES USED IN THIS LOCATION:

### TYPE OF OWNERSHIP:
CORPORATION

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

### PRODUCT | COLLECT | MANUAL APERESIS | AUTOMATED APERESIS | 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 |  |  |  |  |  |  |  |  |  |  |  
GRANULOCYTES |  | X |  |  |  |  |  |  |  |  |  |  
PLASMA |  | X |  |  |  |  |  |  |  |  |  |  
FRESH FROZEN PLASMA | X |  |  |  |  |  |  |  |  |  |  |  
SOURCE PLASMA | X |  |  |  |  |  |  |  |  |  |  |  

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