**LEGAL NAME AND LOCATION:**
New York Blood Center, Inc.
1050 Sunrise Highway
Massapequa, NY 11758 USA
516-324-7059

**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 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 | | | | | | | | | | | |

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

FDA information collection OMB Control number: 0910-0052, Expiration Date: 6/30/2021