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| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | FEI: 3005372245<br>DUNS: 045297555<br>U.S. License Number:<br>465   | REASON FOR SUBMISSION<br>Annual Registration | DISTRICT OFFICE:New York<br><br>VALIDATED BY FDA: 10/02/2025 |
| LEGAL NAME AND LOCATION:<br><br>New York Blood Center, Inc.<br>2791 Richmond Ave.<br>Staten Island, NY 10314 USA<br><br>347-698-9581   | REPORTING OFFICIAL:<br>Peter Ingrassia, Director, Regulatory Affairs<br>New York Blood Center, Inc<br>1200 Prospect Avenue<br><br>Westbury, NY 11590 USA<br><br>516-478-5070<br>pingrassia@nybc.org | U.S. AGENT:                                  |  |
| OTHER NAMES USED IN THIS LOCATION:   | TYPE OF OWNERSHIP:<br>CORPORATION   | ESTABLISHMENT TYPE:<br>COLLECTION FACILITY   |  |
|  | DONOR/RECIPIENT RELATIONSHIP:<br>ALLOGENIC, AUTOLOGOUS, DIRECTED  |  |  |

| PRODUCT               | COLLECT | MANUAL<br>APHERESIS | AUTOMATED<br>APHERESIS | PREPARE | LEUKOCYTES<br>REDUCED | IRRADIATED | DONOR<br>RETESTED | TEST | STORE AND<br>DISTRIBUTE<br>TO OTHERS | BACTERIAL<br>TESTING | PATHOGEN<br>REDUCED | POOLED |
|-----------------------|---------|---------------------|------------------------|---------|-----------------------|------------|-------------------|------|--------------------------------------|----------------------|---------------------|--------|
| WHOLE BLOOD           | X       |                     |                        |         |                       |            |                   |      |                                      |                      |                     |        |
| RED BLOOD CELLS (RBC) |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLATELETS             |         |                     | X                      |         | X                     |            |                   |      |                                      |                      |                     |        |
| PLASMA                |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| FRESH FROZEN PLASMA   |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |
| SOURCE PLASMA         |         |                     | X                      |         |                       |            |                   |      |                                      |                      |                     |        |

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