DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

FORM FDA 2830 (11/2000)       PREVIOUS EDITION IS OBSOLETE

ALLOGENEIC AUTOLOGOUS DIRECTED
APHERESIS
AUTOMATED
APHERESIS
IRRADIATED
PREPARE TEST STORE and
DISTRIBUTE to OTHERS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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.

ENTER ALL CHANGES IN RED INK AND CIRCLE.

4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)

New York Blood Center, Inc.
Transfusion Services
Westchester Medical Center
100 Woods Road
Valhalla, NY 10595

4.1 PHONE 914-493-7610

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.)

6. MAILING ADDRESS OF REPORTING OFFICIAL. (Include institution name if applicable, number and street, city, state, country, and post office code)

New York Blood Center, Inc.
ATTN: Christine Driscoll, Director, Regulatory Affairs
1200 Prospect Avenue
Westbury, NY 11590

7. U.S. AGENT (Include name, institution name if applicable, number and street, city, state, and zip code)

7.1 E-MAIL ADDRESS

7.2 PHONE

8. REPORTING OFFICIAL’S SIGNATURE

8.1 TYPED NAME Christine Driscoll, Director, Regulatory Affairs
8.2 E-MAIL ADDRESS cdriscoll@nybloodcenter.org
8.3 PHONE 516-478-5264

1. REGISTRATION NUMBER
FEI: 2477501
CFN: 2477501

2. U.S. LICENSE NUMBER
465

3. REASON FOR SUBMISSION
1. ANNUAL REGISTRATION
2. INITIAL REGISTRATION
3. CHANGE IN INFORMATION

9. TYPE OF OWNERSHIP
1. SINGLE PROPRIETORSHIP
2. PARTNERSHIP
3. CORPORATION non-profit
4. COOPERATIVE ASSOCIATION
5. FEDERAL (non-military)
6. U.S. MILITARY
7. STATE
8. COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
9. OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)
1. COMMUNITY (NON-HOSPITAL) BLOOD BANK
2. HOSPITAL BLOOD BANK
3. PLASMAPHERESIS CENTER
4. PRODUCT TESTING LABORATORY
5. HOSPITAL TRANSFUSION SERVICE
6. COMPONENT PREPARATION FACILITY
7. COLLECTION FACILITY
8. DISTRIBUTION CENTER
9. BROKER/WAREHOUSE
10. OTHER (Specify):

11. PRODUCTS

WHOLE BLOOD
RED BLOOD CELLS (RBC)
RBC FROZEN
RBC DEGLYCEROLIZED
RBC REJUVENATED
RBC REJUVENATED FROZEN
RBC REJUVENATED DEGLYCEROLIZED
CRYOPRECIPITATED AHF
PLATELETS
LEUKOCYTES/GRANULOCYTES
PLASMA
PLASMA CRYOPRECIPITATE REDUCED
FRESH FROZEN PLASMA
LIQUID PLASMA
THERAPEUTIC EXCHANGE PLASMA
SOURCE LEUKOCYTES
SOURCE PLASMA
RECOVERED PLASMA
BLOOD PRODUCTS FOR DIAGNOSTIC USE
BLOOD BANK REAGENTS
OTHER

12. TYPE OF OWNERSHIP

1. ANNUAL REGISTRATION
2. INITIAL REGISTRATION
3. CHANGE IN INFORMATION

13. U.S. LICENSE NUMBER OF PARENT FIRM

14. OTHER (Specify):

This form is authorized by Sections 510(b), (j) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (j) and 374). Failure to report this information is a violation of Section 301(f) and (p) of the Act (Title 21, United States Code 331(f) and (p)) and can result in a fine of up to $1,000 or imprisonment up to one year or both, pursuant to Section 303(a) of the Act (Title 21, United States Code 333(a)).