DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES	FEI: 3000718051 DUNS: 135360782 U.S. License Number: 1805	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: New York VALIDATED BY FDA: 10/03/2023		
LEGAL NAME AND LOCATION: Upstate New York Transplant Services, Inc. 4444 Bryant and Stratton Way Williamsville, NY 14221 USA	REPORTING OFFICIAL: Christina M. Joyce Upstate New York Transplant So 4444 Bryant and Stratton Way	ervices, Inc.	U.S. AGENT:		
716-529-4300	Williamsville, NY 14221 USA 716-529-4324 Cjoyce@connectlife.org				
OTHER NAMES USED IN THIS LOCATION: d.b.a. ConnectLife	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC	NSHIP:	ESTABLISHMENT TYPE: COLLECTION FACILITY; COMPONENT PREPARATION FACILITY; DISTRIBUTION CENTER		

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								Х	, ·		
RED BLOOD CELLS (RBC)			Х	Х	Х				Х			
CRYOPRECIPITATED AHF				Х					Х			Х
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			Х	Х	Х				Х		Х	
FRESH FROZEN PLASMA			Х	X	X				Х			
PLASMA CRYOPRECIPITATED REDUCED				Х					Х			
RECOVERED PLASMA				Х					Х			

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