**LEGAL NAME AND LOCATION:**
Upstate New York Transplant Services, Inc.
4444 Bryant and Stratton Way
Williamsville, NY 14221 USA
716-529-4300

**REPORTING OFFICIAL:**
Christina M. Joyce
Upstate New York Transplant Services, Inc.
4444 Bryant and Stratton Way
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 RELATIONSHIP:**
ALLOGENIC

**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 | | | | | | | | | | | X
RED BLOOD CELLS (RBC) | | X | X | X | | | | | | | | X
CRYOPRECIPITATED AHF | | X | | | | X | | | | | | X
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION) | | X | X | X | | | | | | | | X
FRESH FROZEN PLASMA | X | X | X | | | | | | | | | X
PLASMA CRYOPRECIPITATED REDUCED | | X | | | | | | | | | | X
RECOVERED PLASMA | | X | | | | | | | | | | X

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