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: 3007057734 DUNS: 079754779 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. 96 Niagara Street Tonawanda, NY 14150 USA	REPORTING OFFICIAL: Christina M. Joyce Upstate New York Transplant Se 4444 Bryant and Stratton Way	ervices, Inc.	U.S. AGENT:
716-260-1400	Williamsville, NY 14221 USA 716-529-4324 Cjoyce@connectlife.org		
OTHER NAMES USED IN THIS LOCATION: Community Blood Bank of Erie County; d.b.a. ConnectLife	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC	NSHIP:	ESTABLISHMENT TYPE: COLLECTION FACILITY

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	-	PATHOGEN REDUCED	POOLED
WHOLE BLOOD	x											
RED BLOOD CELLS (RBC)			Х		Х							
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			Х		Х							
FRESH FROZEN PLASMA			Х		х							

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