**Legal Name and Location:**
Upstate New York Transplant Services, Inc.
4444 Bryant and Stratton Way
Williamsville, New York 14221
USA
Phone: 716-529-4300 Ext.: 

**Reporting Official:**
James Bridges, Vice President of Quality
4444 Bryant and Stratton Way
Williamsville, New York 14221
USA
Phone: 716-529-4321 Ext.
jbridges@connectlife.org

**Reason For Last Submission:** Annual Registration/Listing
**Last Annual Registration Year:** 2022
**Last Registration Receipt Date:** 12/08/2021
**Summary Report Print Date:** 12/15/2021

**FEI:** 3000718051

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### HCT/P(s) | Donor Type(s) | Recover | Screen | Donor Testing | Package | Process | Store | Label | Distribute | Date of Discontinuance | Date of Resumption | Proprietary Name(s) |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Amniotic Membrane | | X | X | | | | | | | | |
Blood Vessel | | X | X | | | | | | | | |
Bone | | X | X | | | | | | | | |
Cardiac Tissue - non-valved | | | | | | | | | | | |
Cartilage | | X | X | | | | | | | | |
Cornea | | X | X | X | X | X | X | | | |
Dura Mater | | | | | | | | | | | |
Embryo | | | | | | | | | | | |
Fascia | | X | X | | | | | | | |
Heart Valve | | X | X | | | | | | | |
HPC Apheresis | | | | | | | | | | | |
HPC Cord Blood | | | | | | | | | | | |
Ligament | | X | X | | | | | | | |
Nerve Tissue | | X | X | | | | | | | |
Oocyte | | | | | | | | | | | |
Ovarian Tissue | | | | | | | | | | | |
Pancreatic Islet Cells - autologous | | | | | | | | | | | |
Parathyroid | | | | | | | | | | | |
Pericardium | | X | X | | | | | | | |
Peripheral Blood Mononuclear Cells | | | | | | | | | | | |
Peritoneal Membrane | | X | X | X | X | X | | | | |
Sclera | | X | X | X | X | X | | | | |
Semen | | | | | | | | | | | |
Skin | | X | X | | | | | | | |
Tendon | | X | X | | | | | | | |
Testicular Tissue | | | | | | | | | | | |
Tooth Pulp | | | | | | | | | | | |
Umbilical Cord Tissue | | X | X | | | | | | | |

Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).

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Cornea | | X | X | X | X | X | X | | | |
Dura Mater | | | | | | | | | | | |
Embryo | | | | | | | | | | | |
Fascia | | X | X | | | | | | | |
Heart Valve | | X | X | | | | | | | |
HPC Apheresis | | | | | | | | | | | |
HPC Cord Blood | | | | | | | | | | | |
Ligament | | X | X | | | | | | | |
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Oocyte | | | | | | | | | | | |
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Pancreatic Islet Cells - autologous | | | | | | | | | | | |
Parathyroid | | | | | | | | | | | |
Pericardium | | X | X | | | | | | | |
Peripheral Blood Mononuclear Cells | | | | | | | | | | | |
Peritoneal Membrane | | X | X | X | X | X | | | | |
Sclera | | X | X | X | X | X | | | | |
Semen | | | | | | | | | | | |
Skin | | X | X | | | | | | | |
Tendon | | X | X | | | | | | | |
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Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).
Additional Information: No additional information provided.

Proprietary Name(s): 

FEI: 3000718051

Legal Name: Upstate New York Transplant Services, Inc.