

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	<b>FEI:</b> 3000718051 <b>DUNS:</b> 135360782 <b>U.S. License Number:</b> 1805	<b>REASON FOR SUBMISSION</b> Annual Registration	<b>DISTRICT OFFICE:</b> New York  <b>VALIDATED BY FDA:</b> 10/18/2024
<b>LEGAL NAME AND LOCATION:</b>  Upstate New York Transplant Services, Inc. 4444 Bryant and Stratton Way Williamsville, NY 14221 USA  716-529-4300	<b>REPORTING OFFICIAL:</b> Christina M. Joyce Upstate New York Transplant Services, Inc. 4444 Bryant and Stratton Way  Williamsville, NY 14221 USA 716-529-4324 Cjoyce@connectlife.org	<b>U.S. AGENT:</b>	
<b>OTHER NAMES USED IN THIS LOCATION:</b> d.b.a. ConnectLife	<b>TYPE OF OWNERSHIP:</b> CORPORATION  <b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC	<b>ESTABLISHMENT TYPE:</b> 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								X			
RED BLOOD CELLS (RBC)			X	X	X				X			
CRYOPRECIPITATED AHF				X					X			X
PLATELETS				X					X			X
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			X	X	X				X		X	
PLATELETS EXTENDED DATING				X					X			
FRESH FROZEN PLASMA			X	X	X				X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			
RECOVERED PLASMA				X					X			

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