| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR<br>MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | FEI: 3020470867<br>DUNS: 118300332<br>U.S. License Number:   | <b>REASON FOR SUBMISSION</b><br>Annual Registration | DISTRICT OFFICE:New York<br>VALIDATED BY FDA: 12/07/2021 |
|--|--|---|--|
| LEGAL NAME AND LOCATION:<br>Upstate New York Transplant Services, Inc.<br>135 Main Street<br>Suite C<br>Lockport, NY 14094 USA   | REPORTING OFFICIAL:<br>James Bridges, VP of Quality<br>Upstate New York Transplant Se<br>4444 Bryant and Stratton Way<br>Williamsville, NY 14221-6013 US<br>7165294321 |   | U.S. AGENT:  |
| OTHER NAMES USED IN THIS LOCATION:<br>d.b.a. ConnectLife   | jbridges@connectlife.org TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC  | NSHIP:  | COLLECTION FACILITY                                      |

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

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