**LEGAL NAME AND LOCATION:**
Upstate New York Transplant Services, Inc.
135 Main Street
Suite C
Lockport, NY 14094 USA

**FEI:** 3020470867
**DUNS:** 118300332
**U.S. License Number:**

**REPORTING OFFICIAL:**
James Bridges, VP of Quality
Upstate New York Transplant Services, Inc.
4444 Bryant and Stratton Way

Williamsville, NY 14221-6013 USA
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**U.S. AGENT:**

**PRODUCT** | **COLLECT** | **MANUAL APERHESIS** | **AUTOMATED APERHESIS** | **PREPARE** | **LEUKOCYTES REDUCED** | **IRRADIATED** | **DONOR RETESTED** | **TEST** | **STORE AND DISTRIBUTE TO OTHERS** | **BACTERIAL TESTING** | **PATHOGEN REDUCED** | **POOLED**
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WHOLE BLOOD | X | | | | | | | | | | | |
RED BLOOD CELLS (RBC) | | X | X | | | | | | | | | |
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION) | X | | | | | | | | | | | |
FRESH FROZEN PLASMA | X | | | | | | | | | | | |

**** End Of Report ****

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FDA information collection OMB Control number: 0910-0052, Expiration Date: 7/31/2024