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: 3020470867 DUNS: 118300332 U.S. License Number: 1805	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE:New York VALIDATED BY FDA: 10/18/2024			
LEGAL NAME AND LOCATION: Upstate New York Transplant Services, Inc. 135 Main Street Suite C Lockport, NY 14094 USA	REPORTING OFFICIAL: Christina M. Joyce Upstate New York Transplant Se 4444 Bryant and Stratton Way Williamsville, NY 14221-6013 US		U.S. AGENT:			
7165294293	716-529-4324 Cjoyce@connectlife.org					
OTHER NAMES USED IN THIS LOCATION: d.b.a. ConnectLife	TYPE OF OWNERSHIP: CORPORATION		ESTABLISHMENT TYPE: COLLECTION FACILITY			
	DONOR/RECIPIENT RELATIO ALLOGENIC	NSHIP:				

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

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

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