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: 1372068 DUNS: 144510203 U.S. License Number:	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE:New York VALIDATED BY FDA: 10/08/2024
LEGAL NAME AND LOCATION: Albany Medical Center Hospital Blood Bank, MC-22 43 New Scotland Avenue Albany, NY 12208-3479 USA 518-262-3501	REPORTING OFFICIAL: M. KRISTINA SUBIK MD Albany Medical Center Hospital Blood Bank - MC-22 43 New Scotland Avenue Albany, NY 12208-3479 USA 518-262-3501 amcbb@amc.edu	Blood Bank, MC-22	U.S. AGENT:
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO	NSHIP:	ESTABLISHMENT TYPE: HOSPITAL BLOOD BANK

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					х	Х		х	x			
RED BLOOD CELLS (RBC)					х	Х		Х	х			
RBC DEGLYCEROLIZED						Х		Х	x			
RBC WASHED						Х		Х	x			
CRYOPRECIPITATED AHF									x			Х
PLATELETS						Х			x			
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)									Х		Х	
PLATELETS EXTENDED DATING						Х		Х	x			
PLATELETS WASHED				Х		Х			x			
GRANULOCYTES						Х		Х	x			

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PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
PLASMA									х			
PF24 PLASMA									х			
FRESH FROZEN PLASMA									х			
PLASMA CRYOPRECIPITATED REDUCED									х			
ALIQUOT UNITS				х		х			х			

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

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