

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> 3014255385 <b>DUNS:</b> 116921397 <b>U.S. License Number:</b> 454	<b>REASON FOR SUBMISSION</b> Change in Information	<b>DISTRICT OFFICE:</b> New Jersey  <b>VALIDATED BY FDA:</b> 07/10/2019
<b>LEGAL NAME AND LOCATION:</b>  HCSC-Blood Center 400 Main Boulevard Suite 601 Ewing, NJ 08638 USA  610-691-5850	<b>REPORTING OFFICIAL:</b> Kelly Hartman, Director of Quality Assurance HCSC-Blood Center 1465 Valley Center Parkway  Bethlehem, PA 18017 USA  khartman@giveapint.org	<b>U.S. AGENT:</b>	
<b>OTHER NAMES USED IN THIS LOCATION:</b>	<b>TYPE OF OWNERSHIP:</b> CORPORATION  <b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC	<b>ESTABLISHMENT TYPE:</b> COLLECTION FACILITY	

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											
PLATELETS			X									

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