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: 3014255385 DUNS: 116921397 U.S. License Number: 454	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: New Jersey VALIDATED BY FDA: 12/09/2022			
LEGAL NAME AND LOCATION: HCSC-Blood Center 400 Main Boulevard Suite 601 Ewing, NJ 08638 USA	REPORTING OFFICIAL: Kelly Hartman, Director of Qualith HCSC-Blood Center 1465 Valley Center Parkway	ty Assurance	U.S. AGENT:			
040 004 5050	Bethlehem, PA 18017 USA					
610-691-5850	khartman@giveapint.org					
OTHER NAMES USED IN THIS LOCATION:	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	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD	х									·		
PLATELETS			Х									

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

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