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: 3004750136 DUNS: 964276450 U.S. License Number: 454	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Philadelphia  VALIDATED BY FDA: 12/12/2023			
LEGAL NAME AND LOCATION:  HCSC-Blood Center 3765 Nicholas Street Suite B Easton, PA 18045 USA	REPORTING OFFICIAL: Kelly Hartman, Director of Qualith HCSC-Blood Center 1465 Valley Center Parkway	ty Assurance	U.S. AGENT:			
610-559-7100	Bethlehem, PA 18017 USA 610-691-5850 x1286 khartman@giveapint.org					
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION		ESTABLISHMENT TYPE: COLLECTION FACILITY			
	DONOR/RECIPIENT RELATION ALLOGENIC	NSHIP:				

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS		PATHOGEN REDUCED	POOLED
WHOLE BLOOD	X									·		
RED BLOOD CELLS (RBC)			Х									
PLATELETS			Х									
FRESH FROZEN PLASMA			Х									

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