

**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:** 11/21/2024

**LEGAL NAME AND LOCATION:**  
HCSC-Blood Center  
400 Main Boulevard East  
Suite 601  
Ewing, NJ 08638 USA  
  
610-691-5850

**REPORTING OFFICIAL:**  
Kelly Hartman, Director of Quality Assurance  
HCSC-Blood Center  
1465 Valley Center Parkway  
Bethlehem, PA 18017 USA  
khartman@giveapint.org

**OTHER NAMES USED IN THIS LOCATION:**

**TYPE OF OWNERSHIP:**  
CORPORATION

**DONOR/RECIPIENT RELATIONSHIP:**  
ALLOGENIC

**ESTABLISHMENT TYPE:**  
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											
RED BLOOD CELLS (RBC)			X									
PLATELETS			X									
FRESH FROZEN PLASMA			X									

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