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: 1000121170 DUNS: 116933132 U.S. License Number:	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE:Philadelphia VALIDATED BY FDA: 11/25/2022		
LEGAL NAME AND LOCATION: WellSpan York Hospital Donor Center - Apple Hill Medical Ce 25 Monument Road, Suite 198 York, PA 17403 USA	REPORTING OFFICIAL: Christy J. Gotwols York Hospital Donor Center - Ap 25 Monument Road, Suite 198	ple Hill Medical Center	U.S. AGENT:		
717-741-8307	York, PA 17403 USA 717-741-8645 cgotwols@wellspan.org				
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC	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											
RED BLOOD CELLS (RBC)				Х	х							
PLATELETS EXTENDED DATING			Х		х					х		
FRESH FROZEN PLASMA			х	Х	х							
RECOVERED PLASMA				Х					х			

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