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| 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: 2573715 DUNS: 830261173 U.S. License Number: | REASON FOR SUBMISSION Annual Registration | DISTRICT OFFICE: Philadelphia VALIDATED BY FDA: 10/02/2023 |
| LEGAL NAME AND LOCATION: Wellspring Good Samaritan Hospital 4th and Walnut Streets Lebanon, PA 17042 USA 717-270-7551 | REPORTING OFFICIAL: Peter P. Phillips Wellspring Good Samaritan Hospital 4th and Walnut Streets Lebanon, PA 17042 USA 717-270-7551 pphillips@wellspring.org | | U.S. AGENT: |
| OTHER NAMES USED IN THIS LOCATION: | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC | | 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 | X | | | | | | | | | | | |
| RED BLOOD CELLS (RBC) | | | | | | | | X | X | | | |
| CRYOPRECIPITATED AHF | | | | | | | | | X | | | |
| PLATELETS | | | | | | | | | X | | | |
| FRESH FROZEN PLASMA | | | | | | | | | X | | | |

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