

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: 12/12/2025
LEGAL NAME AND LOCATION: WellSpan York Hospital Donor Center - Apple Hill Medical Ce 25 Monument Road, Suite 198 York, PA 17403 USA 717-741-8307	REPORTING OFFICIAL: Christy J. Sapone York Hospital Donor Center - Apple Hill Medical Center 25 Monument Road, Suite 198 York, PA 17403 USA 717-741-8645 csapone@wellspace.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION:	TYPE OF OWNERSHIP: CORPORATION	ESTABLISHMENT TYPE: HOSPITAL BLOOD BANK	
	DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC		

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				X			
PLATELETS EXTENDED DATING			X		X				X	X		
FRESH FROZEN PLASMA			X	X	X				X			
RECOVERED PLASMA				X					X			
RECOVERED PLATELETS (EXPIRED)									X			

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