

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your legal name or actual location in item 4, and any changes in your mailing address in item 6. Print all entries and make all corrections in red ink, if possible. Enter your phone number in item 8.3 and the phone number of your actual location in item 4.1. Sign the form and return to FDA. After validation, you will receive your Official Registration for the ensuing year.

4. LEGAL NAME AND LOCATION (include legal name, number and street, city, state, country, and post office code)

Bergen Community Regional Blood Center
970 Linwood Avenue W
Paramus, NJ 07652-2329

5. OTHER NAMES USED AT THIS LOCATION (include trade name, doing-business-as, previous names, and other firms co-located. If applicable, include registration number.)

dba Community Blood Services

6. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and post office code)

Bergen Community Regional Blood Center
ATTN: Dennis M. Todd, Ph.D.
970 Linwood Avenue West
Paramus, NJ 07653-0039

7. U.S. AGENT (include name, institution name if applicable, number and street, city, state, and zip code)

8. REPORTING OFFICIAL'S SIGNATURE
Dennis M. Todd, Ph.D.

8.1 TYPED NAME Dennis M. Todd, Ph.D.
8.2 E-MAIL ADDRESS demtist@cbsblood.org
8.3 PHONE 201-444-3900
8.4 DATE

9. TYPE OF OWNERSHIP

1 SINGLE PROPRIETORSHIP
2 PARTNERSHIP
3 CORPORATION profit non-profit
4 COOPERATIVE ASSOCIATION
5 FEDERAL (non-military)
6 U.S. MILITARY
7 STATE
8 COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
9 OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)


1 COMMUNITY (NON-HOSPITAL) BLOOD BANK
2 HOSPITAL BLOOD BANK
3 PLASMAPHERESIS CENTER
4 PRODUCT TESTING LABORATORY
5 HOSPITAL TRANSFUSION SERVICE
6 COMPONENT PREPARATION FACILITY
7 COLLECTION FACILITY
8 DISTRIBUTION CENTER
9 BROKER/WAREHOUSE
10 OTHER (Specify):

11. PRODUCTS	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE LEUKOCYTES	IRRADIATED	DONOR REQUESTED	TEST	STORE and DISTRIBUTE to OTHERS
WHOLE BLOOD	X						X	X
RED BLOOD CELLS (RBC)	X	X	X	X	X	X	X	X
RBC DEGLYCEROLIZED							X	X
RBC REJUVENATED							X	X
RBC REJUVENATED FROZEN							X	X
RBC REJUVENATED DEGLYCEROLIZED							X	X
CRYOPRECIPITATED AHF							X	X
PLATELETS						X	X	X
LEUKOCYTES/GRANULOCYTES							X	X
PLASMA							X	X
PLASMA CRYOPRECIPITATE REDUCED							X	X
FRESH FROZEN PLASMA							X	X
LIQUID PLASMA								
14								
15								
16							X	X
17							X	X
18							X	X
19							X	X
20								
21								

This form is authorized by Sections 510(b), (j) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (j) and 374). Failure to report this information is a violation of Section 301(f) and (p) of the Act (Title 21, United States Code 331(f) and (p)) and can result in a fine of up to \$1,000 or imprisonment up to one year or both, pursuant to Section 303(a) of the Act (Title 21, United States Code 333(a)).

1. REGISTRATION NUMBER: 274
 2. U.S. LICENSE NUMBER: 2275064
 FEI: 2275064
 CFN: 2275064

3. REASON FOR SUBMISSION
 1 ANNUAL REGISTRATION
 2 INITIAL REGISTRATION
 3 CHANGE IN INFORMATION

FOR FDA USE ONLY

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 DISTRICT OFFICE: New Jersey