**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 it to FDA. After validation, you will receive your Official Registration for the ensuing year.

**ENTER ALL CHANGES IN RED INK AND CIRCLE.**

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

Community Blood Bank of Erie County
2646 Peach Street
Erie, PA 16508

**4.1 PHONE 814-456-4206**

**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.)

Community Blood Bank of Northwest Pennsylvania
Community Blood Bank of Western New York

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

Community Blood Bank of Erie County
ATTN: Diane T. Pirschel
2646 Peach Street
Erie, PA 16508

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

**7.1 E-MAIL ADDRESS**

7.2 PHONE

**8. REPORTING OFFICIAL'S SIGNATURE**

**8.1 TYPED NAME Diane T. Pirschel**

**8.2 E-MAIL ADDRESS diane.pirschel@fourhearts.org**

**8.3 PHONE 814-456-4206 x135**

**8.4 DATE**

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**1. REGISTRATION NUMBER**

**FEI:** 2572105

**CFN:** 2572105

**2. U.S. LICENSE NUMBER**

983

**3. REASON FOR SUBMISSION**

1. Annual Registration

2. Initial Registration

3. Change in Information

**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**

|黑恶 |收集 |手动 |自动 |准备 |自体 |保存 |检测 |测试 |贮存 |贮存
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**PREVIOUS EDITION IS OBSOLETE**