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| DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS DESCRIBED IN 21 CFR 1271.10 | FEI: 0001270007 | Other FDA Registrations: Blood: FEI: 0001270007 Devices: Drugs: | Reason For Last Submission: Annual Registration/Listing Last Annual Registration Year: 2025 Last Registration Receipt Date: 11/18/2024 Summary Report Print Date: 12/05/2024 |
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| Legal Name and Location: Rhode Island Blood Center, a Division of New York Blood Center, Inc. 405 Promenade Street Providence, Rhode Island 02908 USA Phone: 401-453-8364 Ext.: | Reporting Official: Darlene Folan, VP Quality 405 Promenade Street Providence, Rhode Island 02908 USA Phone: 401-453-8364 Ext. dfolan@ribc.org | Satellite Recovery Establishment: No Parent Manufacturing Establishment FEI No.: Testing For Micro-Organisms Only: No Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)). |
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| HCT/P(s) | Donor Type(s) | Establishment Functions | | | | | | | | Date of Discontinuance | Date of Resumption | Proprietary Name(s) |
|-------------------------------------|----------------------------|-------------------------|--------|---------------|---------|---------|-------|-------|------------|------------------------|--------------------|---------------------|
| | | Recover | Screen | Donor Testing | Package | Process | Store | Label | Distribute | | | |
| Amniotic Membrane | | | | | | | | | | | | |
| Blood Vessel | | | | | | | | | | | | |
| Bone | | | | | | | | | | | | |
| Cardiac Tissue - non-valved | | | | | | | | | | | | |
| Cartilage | | | | | | | | | | | | |
| Cornea | | | | X | | | | | | | | |
| Dura Mater | | | | | | | | | | | | |
| Embryo | | | | | | | | | | | | |
| Fascia | | | | | | | | | | | | |
| Heart Valve | | | | | | | | | | | | |
| HPC Apheresis | Autologous, Family Related | X | X | X | X | | | X | X | X | | |
| HPC Cord Blood | Autologous, Family Related | | | X | | | | | | | | |
| Ligament | | | | | | | | | | | | |
| Nerve Tissue | | | | | | | | | | | | |
| Oocyte | Directed, SIP | | | X | | | | | | | | |
| Ovarian Tissue | | | | | | | | | | | | |
| Pancreatic Islet Cells - autologous | | | | | | | | | | | | |
| Parathyroid | | | | | | | | | | | | |
| Pericardium | | | | | | | | | | | | |
| Peripheral Blood Mononuclear Cells | Autologous, Family Related | X | X | X | X | | | X | X | X | | |
| Peritoneal Membrane | | | | | | | | | | | | |
| Sclera | | | | | | | | | | | | |
| Seamen | Directed, SIP | | | X | | | | | | | | |
| Skin | | | | | | | | | | | | |
| Tendon | | | | | | | | | | | | |
| Testicular Tissue | | | | | | | | | | | | |
| Tooth Pulp | | | | | | | | | | | | |
| Umbilical Cord Tissue | | | | | | | | | | | | |