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: 1271577 DUNS: 071735682 U.S. License Number:	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: New England  VALIDATED BY FDA: 11/14/2022
LEGAL NAME AND LOCATION:  Northern Light Eastern Maine Medical Center 489 State Street Transfusion Service Bangor, ME 04401 USA  207-973-7636	REPORTING OFFICIAL: Orin Buetens Northern Light Eastern Maine M 417 State Street Blood Bank Bangor, ME 04401 USA 207-941-8200 OBuetens@dahlchase.com	ledical Center	U.S. AGENT:
OTHER NAMES USED IN THIS LOCATION:  Northern Light Laboratory	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO	NSHIP:	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
RED BLOOD CELLS (RBC)						Х		Х	х	`		
RBC RECONSTITUTED				Х								
CRYOPRECIPITATED AHF									Х			
PLATELETS						Х			Х			
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)						Х			Х			
PLATELETS EXTENDED DATING						Χ			X			
PF24 PLASMA									X			
PF24RT24 PLASMA									Х			
FRESH FROZEN PLASMA									Х			
LIQUID PLASMA						Х			Х			

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OTHER NAMES USED IN THIS LOCATION: Northern Light Laboratory		TYPE OF OWNERSHIP: CORPORATION  DONOR/RECIPIENT RELATIONSHIP:						ESTABLISHMENT TYPE: HOSPITAL BLOOD BANK					
PRODUCT			AUTOMATED APHERESIS	PREPARE	LEUKOCY1 REDUCE	ES IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED	

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

TO OTHERS

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