**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 Medical Center  
417 State Street  
Blood Bank  
Bangor, ME 04401 USA  
207-941-8200  
OBuetens@dahlchase.com

**OTHER NAMES USED IN THIS LOCATION:**  
Northern Light Laboratory

**TYPE OF OWNERSHIP:**  
CORPORATION

**DONOR/RECIPIENT RELATIONSHIP:**  
HOSPITAL BLOOD BANK

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>COLLECT</th>
<th>MANUAL APERESIS</th>
<th>AUTOMATED APERESIS</th>
<th>PREPARE</th>
<th>LEUKOCYTES REDUCED</th>
<th>IRRADIATED</th>
<th>DONOR RETESTED</th>
<th>TEST</th>
<th>STORE AND DISTRIBUTE TO OTHERS</th>
<th>BACTERIAL TESTING</th>
<th>PATHOGEN REDUCED</th>
<th>POOLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED BLOOD CELLS (RBC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RBC RECONSTITUTED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRYOPRECIPITATED AHF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLATELETS</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLATELETS EXTENDED DATING</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF24 PLASMA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF24RT24 PLASMA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRESH FROZEN PLASMA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIQUID PLASMA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRODUCTS AND TESTING:**
- RED BLOOD CELLS (RBC): X
- RBC RECONSTITUTED: X
- CRYOPRECIPITATED AHF: X
- PLATELETS: X
- PLATELETS PAS: X
- PLATELETS EXTENDED DATING: X
- PF24 PLASMA: X
- PF24RT24 PLASMA: X
- FRESH FROZEN PLASMA: X
- LIQUID PLASMA: X

**LEGAL NAME AND LOCATION:**
Northern Light Eastern Maine Medical Center  
489 State Street  
Transfusion Service  
Bangor, ME 04401 USA  
207-973-7636
**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 Medical Center  
417 State Street  
Blood Bank  
Bangor, ME 04401 USA  
207-941-8200  
OBuetens@dahlchase.com

**OTHER NAMES USED IN THIS LOCATION:**
Northern Light Laboratory

**TYPE OF OWNERSHIP:**
CORPORATION

**ESTABLISHMENT TYPE:**
HOSPITAL BLOOD BANK

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>COLLECT</th>
<th>MANUAL APHERESIS</th>
<th>AUTOMATED APHERESIS</th>
<th>PREPARE</th>
<th>LEUKOCYTES REDUCED</th>
<th>IRRADIATED</th>
<th>DONOR RETESTED</th>
<th>TEST</th>
<th>STORE AND DISTRIBUTE TO OTHERS</th>
<th>BACTERIAL TESTING</th>
<th>PATHOGEN REDUCED</th>
<th>POOLED</th>
</tr>
</thead>
</table>

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