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: 11/02/2021
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	edical 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		PATHOGEN REDUCED	POOLED
RED BLOOD CELLS (RBC)						Х		Х	x	·		
RBC RECONSTITUTED				Х								
CRYOPRECIPITATED AHF									x			
PLATELETS						Х			x	х		
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)						Х			Х			
PLATELETS EXTENDED DATING						х			x	х		
PF24 PLASMA									x			
PF24RT24 PLASMA									x			
FRESH FROZEN PLASMA									x			
LIQUID PLASMA						Х			х			

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PRODUCT	COLLECT	MANUAL	AUTOMATED	PREPARE		IRRADIATED	DONOR	TEST		BACTERIAL	PATHOGEN	POOLED
		APHERESIS	APHERESIS		REDUCED		RETESTED		DISTRIBUTE	TESTING	REDUCED	

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

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