

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER

FEI: 3006116226

CFN:

2. U.S. LICENSE NUMBER

3. REASON FOR SUBMISSION

- ANNUAL REGISTRATION
 INITIAL REGISTRATION
 CHANGE IN INFORMATION

FOR FDA USE ONLY



DISTRICT OFFICE: New York

PRINTED BY FDA: 02-NOV-2007

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 8.2 and the phone number of your actual location in Item 4.1. Sign the form and return to FDA. After validation, you will receive your Official Registration for the ensuing year.

This form is authorized by Sections 510(b), (j) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (j) and 704). Failure to report this information is a violation of Section 361(f) and (g) of the Act (Title 21, United States Code 361(f) and (g)) and can result in a fine of up to \$1,000 or imprisonment up to one year or both, pursuant to Section 302(a) of the Act (Title 21, United States Code 333(a)).

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)

North Shore Medical Labs
463 Willis Ave.
Williston Park, NY 11596

4.1 PHONE: 516-739-5227

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.)

8. TYPE OF OWNERSHIP

- SINGLE PROPRIETORSHIP
 PARTNERSHIP
 CORPORATION (S-Corp Non-S-Corp)
 COOPERATIVE ASSOCIATION
 FEDERAL (non-military)
 U.S. MILITARY
 STATE
 COUNTY/STATE/LOCAL/HOSPITAL AUTHORITY
 OTHER (Specify)

18. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)

- COMMUNITY (NON-HOSPITAL) BLOOD BANK
 HOSPITAL BLOOD BANK
 PLASMAPHERESIS CENTER
 PRODUCT TESTING LABORATORY
4. INDEPENDENT
 ___ ASSOCIATED BY COMMUNITY or HOSPITAL BLOOD BANK
 HOSPITAL TRANSFUSION SERVICE
8. APPROVED FOR MEDICARE REIMBURSEMENT
 ___ NOT APPROVED FOR MEDICARE REIMBURSEMENT
 COMPONENT PREPARATION FACILITY
 COLLECTION FACILITY
 DISTRIBUTION CENTER
 BROADCAST WAREHOUSE
 OTHER (Specify)

U.S. LICENSE NUMBER (IF APPLICABLE)

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

North Shore Medical Labs
ATTN: Abid Sheikh
463 Willis Ave
Williston Park, NY 11596

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: Abid Sheikh

8.2 E-MAIL ADDRESS: asheikh@nsmllonline.com

8.3 PHONE: 516-739-5227

8.4 DATE

11. PRODUCTS	COLLECT	MANUAL ANEXESIS	AUTOMATED ANEXESIS	PREPARE	LEUCOPHORESED/REDUCED	IRRADIATED	EXHAUSTED/REMOVED	TEST	STORAGE (S/F/D/W/O) OTHERS
WHOLE BLOOD	1								X
RED BLOOD CELLS (RBC)	2								
RBC FROZEN	3								
RBC DGLYCEROLIZED	4								
RBC REJUVENATED	5								
RBC REJUVENATED FROZEN	6								
RBC REJUVENATED DESGLYCEROLIZED	7								
DYHPRECIPITATED RBC	8								
PLATELETS	9								
LEUCOCYTES/GRANULOCYTES	10								
PLASMA	11								
PLASMA DRYPRECIPITATE REDUCED	12								
FRESH FROZEN PLASMA	13								
LIQUID PLASMA	14								
THERAPEUTIC EXCHANGE PLASMA	15								
SOURCE LEUCOCYTES	16								
SOURCE PLASMA	17								
RECOVERED PLASMA	18								
BLOOD PRODUCTS FOR DIAGNOSTIC USE	19								X
BLOOD BANK REAGENTS	20								
OTHER	21								