



**New Jersey Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 10712
Blood Bank Code: 1546
Effective: 01/01/2021
To: 12/31/2021

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input checked="" type="checkbox"/> Transfusion Services <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Collection Services <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Mobile Site <input checked="" type="checkbox"/> Allogeneic <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input checked="" type="checkbox"/> Hemapheresis <input checked="" type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input checked="" type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input checked="" type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input checked="" type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey State Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 10712
Blood Bank Code: 1546
Effective: 01/01/2021
To: 12/31/2021

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input checked="" type="checkbox"/> Transfusion Services <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Collection Services <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Mobile Site <input checked="" type="checkbox"/> Allogeneic <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input checked="" type="checkbox"/> Hemapheresis <input checked="" type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input checked="" type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input checked="" type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input checked="" type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey State Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 10712
Blood Bank Code: 1546
Effective: 01/01/2021
To: 12/31/2021

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input checked="" type="checkbox"/> Transfusion Services <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Collection Services <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Mobile Site <input checked="" type="checkbox"/> Allogeneic <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input checked="" type="checkbox"/> Hemapheresis <input checked="" type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input checked="" type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input checked="" type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input checked="" type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 0
Blood Bank Code: 1546
Effective:
To:

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection Services <input type="checkbox"/> On Site <input type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey State Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 0
Blood Bank Code: 1546
Effective:
To:

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection Services <input type="checkbox"/> On Site <input type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey State Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 0
Blood Bank Code: 1546
Effective:
To:

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection Services <input type="checkbox"/> On Site <input type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 0
Blood Bank Code: 1546
Effective:
To:

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection Services <input type="checkbox"/> On Site <input type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey State Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 0
Blood Bank Code: 1546
Effective:
To:

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection Services <input type="checkbox"/> On Site <input type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey State Department of Health
Division of Public Health and Environmental Laboratories
BLOOD BANK LICENSE**

**NEW YORK BLOOD CENTER, INC. (D/B/A/ BLOOD BANK OF DELMARVA)
100 HYGEIA DRIVE
NEWARK DE 19713-2085**

License No: 0
Blood Bank Code: 1546
Effective:
To:

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection Services <input type="checkbox"/> On Site <input type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health