Source Plasma Donation Center (SPDC) Program
Wadsworth Center
New York State Department of Health Empire State Plaza Albany, NY 12237
www.wadsworth.org/regulatory/plasma

Notification of Change in Center Name or Location

Notification of a change in Center name or location must be made **within 60 days** of the effective date to New York State Department of Health.

If the owner has changed, submit completed Form DOH-5790 (Disclosure of Ownership, Controlling Interest, Corporate Membership, Management (Operator).

PLEASE RETURN THIS COMPLETED AND SIGNED FORM BY ONE METHOD ONLY:
Fax (518) 449-6901 or email plasma@health.ny.gov.

SOURCE PLASMA DONATION CENTER INFORMATION		
SPDC PFI Number: PA _____ _____		
SPDC Name:		
SPDC Address:		
City:	State:	ZIP Code:
Effective Date of Change:		

Has the SPDC NAME changed? ☐ **YES** ☐ **NO** **If YES**, please fill out the information below.	
NEW SPDC Name:	
SPDC Physical Location Phone Number:	Fax Number:

Has the SPDC LOCATION changed? ☐ **YES** ☐ **NO** **If YES**, please enter the new address below.		
Street:		
City:	State:	ZIP Code:
SPDC Physical Location Phone Number:	Fax Number:	

CERTIFICATION:		
I attest that the information I have given the Department is true and correct, that I have read the relevant rules and regulations, and I accept responsibility for the activities performed at the applying facility.		
Wet signature only. Signature stamps will not be accepted.		
Date:	Signature, Owner/Representative:	Name, Owner/Representative (Print):