



## **Blood Establishment Registration Application Packet**

### **Contents:**

1. 505-130 ..... Contents List/Mailing Information .....1 page
2. 505-131 ..... Application Instructions Checklist .....2 pages
3. 505-132 ..... Blood Establishment Registration Application .....3 pages
4. RCW/WAC and Online Website Links.....1 page

### **In order to process your request:**

**Mail your application with initial documentation and your check or money order payable to:**

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

**If you are submitting an application with no payment or additional documents, mail them to:**

Blood Establishment Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360-236-4700

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## Application Instructions Checklist

When your application for a blood establishment registration is received by the Department of Health, you will be notified of any outstanding documentation needed to complete the application process.

**Indicate type of application:**

- **New**—First time requesting a blood establishment registration.
- **Change in Ownership**—When name of legal owner/operator changes resulting from the sale of blood establishment.
- **Change in Standing**—When the blood establishment has a change in standing of its FDA license.
- **Renewal**—Annual renewal of your blood establishment registration.

**Check One:**

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

- Application Fees:** Fees are non-refundable. You can check the online [fee page](#) for current fees.

**1. Demographic Information:**

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

**Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/ Master Business License.

**Mailing Address:** Enter the owner's complete mailing address.

**Phone and Fax Numbers:** Enter the owner's phone and fax number.

**Email and Web Address:** Enter the owner's email and agency Web addresses, if they have them.

**Facility/Agency Name:** Enter the agency's name or doing business as (dba) name as advertised on signs, brochures or websites, if different from legal owner/operator name.

**Physical Address:** Enter the agency's physical street location including city, state, zip code, and county.

**Email address:** Enter the agency's email address if available.

**Phone and Fax Numbers:** Enter the agency's phone and fax number.

**Mailing Address:** Enter the agency's mailing address, if different than physical address.

- 2. Client Information:**  
List all of your clients in Washington State. Include current and valid email addresses for each. Attach additional pages as needed.
- 3. Contact Information:**  
Enter name, title, phone number, fax number, and email address.
- 4. Change of Ownership Information (if applicable):**  
List the previous legal owner name, previous name of facility, previous license number, and effective date of ownership change.
- Signature:**  
Signature of legal owner or authorized representative.  
Date signed.  
Print name of legal owner or authorized representative.  
Print title of legal owner or authorized representative.

**Additional Requirements:**

In addition to the application and registration fees, you must submit the following:

- Provide proof of the blood establishments current FDA licensure.
- Copies of any disciplinary actions issued upon or active against the blood establishments FDA license within the last two years. This may include:
  - Titled letters, fines, license suspensions, or revocations issued by the FDA.  
**and/or**
  - Judicial consent decrees.

Date  
Stamp  
Here

Revenue: 0597628200

## Blood Establishment Registration Application

Select one:  New Registration  Change of Ownership  
 Change in Standing  Renewal of Registration

### Check One

<input type="checkbox"/> Association	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality (City)	<input type="checkbox"/> State Government Agency
<input type="checkbox"/> Federal Government Agency	<input type="checkbox"/> Municipality (County)	<input type="checkbox"/> Tribal Government Agency
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	

### 1. Demographic Information

UBI #	Federal Tax ID (FEIN) # 53-0196605
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Legal Owner/Operator Name  
The American National Red Cross

Mailing Address  
431 18th Street NW

City Washington	State DC	Zip Code 20006	County N/A
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Phone (enter 10 digit #) 770-852-4018	Fax (enter 10 digit #) 202-303-0101
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Email Address Scott.Webber@redcross.org	Web Address www.redcross.org
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Facility/Agency Name (doing business as (dba) if different from above)  
The American National Red Cross, Portland, Oregon

Physical Address  
3131 N. Vancouver Ave

City Portland	State OR	Zip Code 97227	County Multnomah
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Facility Phone (enter 10 digit #) 503-528-5423	Fax (enter 10 digit #) email preferred
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Email Address  
Ebenezer.Amponsah@redcross.org

Mailing Address (If different than physical address)

City	State	Zip Code	County
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## 2. Client Information

List all of your clients in Washington State. Include current and valid email addresses for each. Attach additional pages as needed.

Client Name	Client Email Address
Astria Toppenish	marissa.agee@astria.health
Central Washington	theresa.sim@confluencehealth.org
Columbia County Health	montef@cchd-wa.org
Harborview Med Ctr	tuotte@uw.edu
Kadlec Medical Center	rachel.serkownek@kadlec.org
Kittitas Valley Comm	bjohnston@kvch.com
Klickitat Valley	cbuchanan@kvhealth.net
Lake Chelan Community	jwest@lcch.net
Lourdes Health Network	jlewis@tricityslab.com
Mid-Valley	hills@mvhealth.org
North Valley	North Valley
Okanogan-Douglas	jvandelac@oddh.org
Othello Community	martinb@othellocommunityhospital.org
Prosser Memorial	smilklas@pphdwa.org
Quincy Valley	agustin.santos@quincyhospital.org
Seattle Children's Hospital	kristina.guido@seattlechildrens.org
St. Mary Medical Center	rebecca.foreman@providence.org
Astria Sunnyside	marissa.agee@astria.health
Trios Health Southridge	mindy.aichele@trioshealth.org
University of Washington	crystber@uw.edu
V.A., Walla Walla	None
Walla Walla General	None
Wenatchee Valley Med Ctr	julie.morley@confluencehealth.org
Yakima Valley Memorial	curtisjacobs@yvhm.org

### 3. Contact Information

Contact Person Name Eben Amponsah		Title Director, Quality
Phone (enter 10 digit #) 503-528-5423	Email Address Ebenezer.Amponsah@redcross.org	
Contact Person Name Angel Montes		Title Regional Donor Services Executive II
Phone (enter 10 digit #) 503-308-3572	Email Address Angel.Montes@redcross.org	

### 4. Change of Ownership Information

Previous Name of Legal Owner		
Previous Name of Facility	Previous License #	Effective Date of Ownership Change

### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

**Veronica Jordan**

Digitally signed by Veronica Jordan  
DN: cn=Veronica Jordan, o=American Red Cross,  
ou=QA, email=Veronica.Jordan@redcross.org, c=US  
Date: 2023.07.10 09:17:27 -07'00'

07/10/2023

Signature of Owner/Authorized Representative

Date

Veronica Jordan  
Print Name

Quality Assurance Associate II  
Print Title



## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Administrative procedures and requirements, WAC 246-12](#)

[Blood Establishments Laws, RCW 70.335](#)

[Blood Establishments Rules, WAC 246-339](#)





[FDA Home Page](#) | [Contact eBER Technical Support](#)

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## Blood Establishment Registration - Detailed Record

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### LEGAL NAME AND LOCATION

Current Status: ACTIVE

Last Annual Registration Year: 2023

FDA Establishment Identifier (FEI): 3024816

Central File Number (CFN): 3024816

Establishment DUNS: 078580697

Applicant License Number: 190

Applicant Name: The American National Red Cross

Legal Name: The American National Red Cross

Address: 447 Wellsian Way

City: Richland

State: Washington

Zip: 99352

Country: UNITED STATES

Phone: 503-284-1234

District Office: Seattle

### MAILING ADDRESS OF REPORTING OFFICIAL

Organization: The American National Red Cross

Reporting Official Name: Bernice J. Suddarth

Address: 431 18th Street NW

City: Washington

State: District of Columbia

Zip: 20006

Country: UNITED STATES

Phone: 202-303-5730

Email: bernice.suddarth@redcross.org

**OTHER NAMES**

Tri Cities Donor Center  
 American Red Cross Blood Services  
 Pacific Northwest Region

**TYPE OF OWNERSHIP**

CORPORATION: NON-PROFIT

**ESTABLISHMENT TYPE**

COLLECTION FACILITY

**PRODUCTS**

<input checked="" type="checkbox"/> Allogeneic <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Directed	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE AND DISTRIBUTE TO OTHERS (9)	BACTERIAL TESTING (10)	PATHOGEN REDUCED (11)	POOLED (12)
(1) WHOLE BLOOD	✓											
(2) RED BLOOD CELLS (RBC)			✓									
(3) RBC FROZEN												
(4) RBC DEGLYCEROLIZED												
(5) RBC RECONSTITUTED												
(6) RBC WASHED												
(7) RBC REJUVENATED												
(8) RBC REJUVENATED FROZEN												
(9) RBC REJUVENATED DEGLYCEROLIZED												
(10) CRYOPRECIPITATED AHF												
(11) PLATELETS												
(12) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			✓		✓							
(13) PLATELETS EXTENDED DATING												
(14) PLATELETS WASHED												
(15) GRANULOCYTES												
(16) PLASMA												





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## Blood Establishment Registration - Detailed Record

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### LEGAL NAME AND LOCATION

Current Status: ACTIVE

Last Annual Registration Year: 2023

FDA Establishment Identifier (FEI): 3003178071

Central File Number (CFN): 3033580

Establishment DUNS: 116925680

Applicant License Number: 190

Applicant Name: The American National Red Cross

Legal Name: The American National Red Cross

Address: Clark County Blood Center

5109 NE 82nd Avenue

City: Vancouver

State: Washington

Zip: 98662

Country: UNITED STATES

Phone: 503-284-1234

District Office: Seattle

### MAILING ADDRESS OF REPORTING OFFICIAL

Organization: The American National Red Cross

Reporting Official Name: Bernice J. Suddarth

Address: 431 18th Street NW

City: Washington

State: District of Columbia

Zip: 20006

Country: UNITED STATES

Phone: 202-303-5730

Email: bernice.suddarth@redcross.org

**OTHER NAMES**

Clark County Site  
 American Red Cross Blood Services  
 Pacific Northwest Region  
 Clark County Blood Center

**TYPE OF OWNERSHIP**

CORPORATION: NON-PROFIT

**ESTABLISHMENT TYPE**

COLLECTION FACILITY

**PRODUCTS**

<input checked="" type="checkbox"/> Allogeneic <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Directed	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE AND DISTRIBUTE TO OTHERS (9)	BACTERIAL TESTING (10)	PATHOGEN REDUCED (11)	POOLED (12)
(1) WHOLE BLOOD	✓											
(2) RED BLOOD CELLS (RBC)			✓									
(3) RBC FROZEN												
(4) RBC DEGLYCEROLIZED												
(5) RBC RECONSTITUTED												
(6) RBC WASHED												
(7) RBC REJUVENATED												
(8) RBC REJUVENATED FROZEN												
(9) RBC REJUVENATED DEGLYCEROLIZED												
(10) CRYOPRECIPITATED AHF												
(11) PLATELETS												
(12) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			✓		✓							
(13) PLATELETS EXTENDED DATING												
(14) PLATELETS WASHED												





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**Blood Establishment Registration - Detailed Record**

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**LEGAL NAME AND LOCATION**

Current Status: ACTIVE

Last Annual Registration Year: 2023

FDA Establishment Identifier (FEI): 3072992

Central File Number (CFN): 3072992

Establishment DUNS: 808131965

Applicant License Number: 190

Applicant Name: The American National Red Cross

Legal Name: The American National Red Cross

Address: 302 South 2nd Street

City: Yakima

State: Washington

Zip: 98901

Country: UNITED STATES

Phone: 503-284-1234

District Office: Seattle

**MAILING ADDRESS OF REPORTING OFFICIAL**

Organization: The American National Red Cross

Reporting Official Name: Bernice J. Suddarth

Address: 431 18th Street NW

City: Washington

State: District of Columbia

Zip: 20006

Country: UNITED STATES

Phone: 202-303-5730

Email: bernice.suddarth@redcross.org

**OTHER NAMES**

American Red Cross Blood Services  
Pacific Northwest Region

**TYPE OF OWNERSHIP**

CORPORATION: NON-PROFIT

**ESTABLISHMENT TYPE**

DISTRIBUTION CENTER  
COMPONENT PREPARATION FACILITY  
COLLECTION FACILITY

**PRODUCTS**

<input checked="" type="checkbox"/> Allogeneic <input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Directed	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE AND DISTRIBUTE TO OTHERS (9)	BACTERIAL TESTING (10)	PATHOGEN REDUCED (11)	POOLED (12)
(1) WHOLE BLOOD	✓											
(2) RED BLOOD CELLS (RBC)			✓			✓			✓			
(3) RBC FROZEN												
(4) RBC DEGLYCEROLIZED												
(5) RBC RECONSTITUTED												
(6) RBC WASHED												
(7) RBC REJUVENATED												
(8) RBC REJUVENATED FROZEN												
(9) RBC REJUVENATED DEGLYCEROLIZED												
(10) CRYOPRECIPITATED AHF									✓			
(11) PLATELETS						✓			✓			
(12) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)												
(13) PLATELETS EXTENDED DATING												
(14) PLATELETS WASHED												
(15) GRANULOCYTES												



