

RECEIVED

JUN 2 2023 DOH/HSQA/OCS CREDENTIALING

Revenue: 0597			<u></u>			
	Blood Establis	hn	nent Re	gistration /	<u>Ap</u>	plication
Select one:	Change in Standing			Change of Owner Renewal of Regis		-
Check O	ne					
Associatio			Limited Partr	•	Ĺ	Sole Proprietor
Corporation			Municipality (•	Ĺ	State Government Agency
	Sovemment Agency	Ä	Municipality (•	L	Tribal Government Agency
_	ability Company	X	•	orporation	L	Trust
Limited Lia	ability Partnership	<u></u>	Partnership			
1. Demo	graphic informatio	on				·
UBI#				Federal Tax ID (FI	EIN))#
602724860				86-0098929		
Legal Owner/ Vitalant	/Operator Name				·	
Mailing Addre						
City			State	Zip Code		County
Scottsdale			AZ	85258		Maricopa
Phone (enter 1-800-288-21	<u> </u>			Fax (enter 10 di 480-675-5766	_	#)
Email Address	-	_		Web Address		
Reglicensing	g@vitalant.org			www.vitalant.o	угд	·
Facility/Agend Vitalant	cy Name (doing business as	(dba) if different fr	om above)		
	ress ataldo Avenue					
City		ļ	State	Zip Code		County
Spokane	<u>. </u>		WA	99201		Spokane
Facility Phone 509.232.456	e (enter 10 digit #) 65			Fax (enter 10 d	ligit i	#)
Email Address				na		
tgrace@vitale						
	ss (If different than physical a	addr	ess)		_	
City			State	Zip Code		County -

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 See Attached List RECEIVED JUN 2 2023 DOH/HSQA/OCS CREDENTIALING	2. Client Information	
Client Email Address See Attached List RECEIVED JUN 2 2023 DOH/HSQA/OCS CREDENTIALING CREDENTIALING	List all of your clients in Washington State. Include current	
JUN 2 2023 DOH/HSQA/OCS CREDENTIALING		Client Email Address
JUN 2 2023 DOH/HSQA/OCS CREDENTIALING	See Attached List	DECENIES
DOH/HSOA/OCS CREDENTIALING		
DOH/HSOA/OCS CREDENTIALING		JUN 2 2023
		DOH/HSQA/OCS
		CREDENTIALING
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3. Contact Information	<u></u>						
Contact Person Name	<u>"</u>		Title)			
Trish Grace & Maureen Pedigo			Trish	Sr. Q Director, N	laureen Q Mgr		
Phone (enter 10 digit #)		Email Addres	:S				
916.453.3657 Trish; 509.232.4544 Maur	een	tgrace@vita	lant.o	org mpedigo@	gvitalant.org		
Contact Person Name Kris Fraizer or Kathleen Hopping			Title Regu		pping Sr. Director		
Contact Person Name Trish Grace & Maureen Pedigo Thone (enter 10 digit #) 216.453.3657 Trish; 509.232.4544 Maureen Contact Person Name Kris Fraizer or Kathleen Hopping Thone (enter 10 digit #) 480.675.5434 kris; 602.414.3816 Kathleen Change of Ownership Informate Evious Name of Legal Owner na Evious Name of Facility Previous Sertify I have received, read, understood, and agree egory. I also certify the information herein submitted Change of Owner/Authorized Representative	en	Email Addres	_	ant.org	RECEIVED		
4 Change of Ownership in	formation	 n			JUN 2 2023		
<u> </u>		·•			DOH/HSQA/CCS		
Previous Name or Legal Owner					CREDENTIALING		
na							
Previous Name of Facility	Previous Lic	ense #		Effective Date of Ownership Change			
	Sign	ature	ı	L.,			
• • • • • • • • • • • • • • • • • • • •	_	, -		•			
- Wavelot after				5/15/2	·3·		
Signature of Owner/Authorized Representat	ive			Dáte			
David R. Green				President &	CEO		
Print Name				- Print Ti	tle		

Vitalant-Spokane Center Hospital Client List for Application Section #2

Client Name	Email	
Columbia Basin Hospital	kibbyr@columbiabasinhospital.org	Same
Coulee Medical Center	hicksr@cmccares.org	Same
Multicare Deaconess	alex.jackson@multicare.org	Updated
East Adams Rural Hospital	cfedie@earh.org	Same
Ferry County Memorial Hospital	aaron.edwards@fcphd.org	Updated
Life Flight - Spokane	sbrennan@lifeflight.org	Updated
Lincoln Hospital	lacyte@lhd3.org	Same
Newport Hospital and Health Services	Merry-Ann.Keane@nhhsqualitycare.org	updated
Odessa Memorial Healthcare Center	sheldomp@omhc.org	No longer a client
Providence Holy Family Hospital	susan.stacey@providence.org	Same
Providence Mount Carmel Hospital	susan.stacey@providence.org	Same
Providence Sacred Heart Medical Center	susan.stacey@providence.org	Same
Providence St Joseph's Hospital	susan.stacey@providence.org	Same
Pullman Regional Hospital	Matthew.Forge@pullmanregional.org	updated
Samaritan Healthcare	tsullivan@samaritanhealthcare.com	Same
Shriners Hospitals for Children	pbrewer@shrinenet.org	updated
Spokane VA Medical Center	Lauren.Phillips9@va.gov	same
St. Luke's Rehabilitation Institute	susan.stacey@providence.org	updated
Valley Hospital	alex.jackson@multicare.org	updated
Whitman Hospital and Medical Center	HanigaH@whmc.org	

RECEIVED

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	1	REASON FOR SUBMISSION Innual Registration	DISTRICT OFFICE:Seattle VALIDATED BY FDA: 12/12/2022
LEGAL NAME AND LOCATION: Vitalant 210 W Cataldo Ave Spokane, WA 99201 USA	REPORTING OFFICIAL: Nicole Ziemba, Regulatory Complia Vitalant 6210 East Oak Street	ance Manager	U.S. AGENT:
509-624-0151	Scottsdale, AZ 85257 USA 480-657-5685 reglicensing@vitalant.org		
OTHER NAMES USED IN THIS LOCATION: Spokane	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONS ALLOGENIC, AUTOLOGOUS, DI		ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD	X					х	'=====		х			
RED BLOOD CELLS (RBC)			х	Х	x	×		Х	x			
RBC RECONSTITUTED				Х		x			x			
RBC WASHED		<u> </u>		Х		x			×			
CRYOPRECIPITATED AHF				Х					х			х
PLATELETS			X	х	х				x		х	
PLATELETS EXTENDED DATING				Х		×			×	×		
PLATELETS WASHED				Х	×	×			×			
PF24 PLASMA				Х					x			
PF24RT24 PLASMA			×	Х					×		Ş	911
	<u> </u>	FDA information	on collection OME	i Control num	ber: 0910-0052,	Expiration Date:	7/31/2024				ECENTRALING	JUN 2 2023 H/HSQA/OCS

FEI: 3071345

PRINT DATE: 06-JAN-23 Page 1 of 2

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: 3071345 DUNS: 080670960 U.S. License Number: 2106	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Seattle VALIDATED BY FDA: 12/12/2022
LEGAL NAME AND LOCATION: Vitalant 210 W Cataldo Ave Spokane, WA 99201 USA	REPORTING OFFICIAL: Nicole Ziemba, Regulatory Comp Vitalant 6210 East Oak Street	viiance Manager	U.S. AGENT:
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	DONOR/RECIPIENT RELATION ALLOGENIC, AUTOLOGOUS,	-	

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTE8 REDUCED	IRRADIATED	DONOR RETESTED	TEST	DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
FRESH FROZEN PLASMA			Х	X					×			•
PLASMA CRYOPRECIPITATED REDUCED				×					, X			
RECOVERED PLASMA				x					×			
BLOOD PRODUCTS FOR DIAGNOSTIC USE				х					х			
COLD STORED PLATELETS				×		X			х			

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

JUN 2 2023
DOH/HSOA/OCS
CREDENTIALING



13,000

BLOOD ESTABLISHMENT

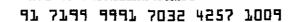
Name Vitalant

Amount _____

6/2/23-01-8601-80050

1F 0597628200 02583

CERTIFIED MAIL



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20+1=21



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Label 226, January 2008







