

Abby Fonderwhite

From: Miller, Kathi D (DOH) <Kathi.Miller@DOH.WA.GOV>
Sent: Monday, August 21, 2023 8:06 AM
To: Abby Fonderwhite
Cc: Christine Swinehart
Subject: FW: Renewal Application for Blood Collecting or Distributing Establishment Registration # BLE.FS.60786247

Importance: High

August 21, 2023

Cascade Regional Blood Services
220 South I St
Tacoma, WA 98405

Subject: Renewal Application for Blood Collecting or Distributing Establishment Registration # BLE.FS.60786247

Dear Tacoma-Pierce County Blood Bank:

Thank you for submitting your renewal payment for a Blood Collecting or Distributing Establishment Registration credential. To continue our review, we must receive:

Renewal Application – A renewal application is required. For your convenience, the application can be found here: [Blood Establishment Registration Application \(wa.gov\)](#). Complete and return the original application to our office to continue the renewal process.

Please submit the above information along with a copy of this letter to:

Washington State Department of Health
P.O. Box 47877
Olympia, WA 98504
Email: kathi.miller@doh.wa.gov

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You can check the status of your application online using our [Provider Credential Search portal](#).

Sincerely,

Kathi Miller
Health Services Consultant
Facilities Credentialing
HSQA Office of Customer Service
Washington State Department of Health
kathi.miller@doh.wa.gov
www.doh.wa.gov



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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 # <i>278026333</i>		Federal Tax ID (FEIN) # <i>91-0657805</i>	
Legal Owner/Operator Name <i>Tacoma-Pierce County Blood Bank</i>			
Mailing Address <i>220 South I Street</i>			
City <i>Tacoma</i>	State <i>WA</i>	Zip Code <i>98405</i>	County <i>Pierce</i>
Phone (enter 10 digit #) <i>253-383-2553</i>		Fax (enter 10 digit #) <i>253-512-6340</i>	
Email Address		Web Address <i>www.crbs.net</i>	
Facility/Agency Name (doing business as (dba) if different from above) <i>Cascade Regional Blood Services</i>			
Physical Address <i>220 South I Street</i>			
City <i>Tacoma</i>	State <i>WA</i>	Zip Code <i>98405</i>	County <i>Pierce</i>
Facility Phone (enter 10 digit #) <i>253-383-2553</i>		Fax (enter 10 digit #) <i>253-512-6340</i>	
Email Address			
Mailing Address (If different than physical address)			
City	State	Zip Code	County

3. Contact Information

Contact Person Name <i>Christine Swinehart</i>	Title <i>President/CEO</i>
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Phone (enter 10 digit #) <i>253-383-2553</i>	Email Address <i>chriss@crbs.net</i>
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Contact Person Name <i>Abigail Fonderwhite</i>	Title <i>Technical Director</i>
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Phone (enter 10 digit #) <i>253-383-2553</i>	Email Address <i>abbyf@crbs.net</i>
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4. Change of Ownership Information *N/A*

Previous Name of Legal Owner

Previous Name of Facility	Previous License #	Effective Date of Ownership Change
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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.

<i>Christine Swinehart</i> Signature of Owner/Authorized Representative	<i>8-21-23</i> Date
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<i>CHRISTINE SWINEHART</i> Print Name	<i>President & CEO</i> Print Title
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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: 3075335
 DUNS: 070052063
 U.S. License Number:
 202

REASON FOR SUBMISSION
 Annual Registration

DISTRICT OFFICE: Seattle
 VALIDATED BY FDA: 10/13/2021

LEGAL NAME AND LOCATION:

Tacoma-Pierce County Blood Bank
 220 South I Street
 Tacoma, WA 98405 USA

253-383-2553

REPORTING OFFICIAL:

Tara Crosby, Director of Quality Assurance
 Cascade Regional Blood Services
 220 South I St.

Tacoma, WA 98405 USA
 253-383-2553 x227
 tarac@crbs.net

U.S. AGENT:

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OTHER NAMES USED IN THIS LOCATION:
 CASCADE REGIONAL BLOOD SERVICES

TYPE OF OWNERSHIP:
 CORPORATION

DONOR/RECIPIENT RELATIONSHIP:
 ALLOGENIC, AUTOLOGOUS

ESTABLISHMENT TYPE:

COMMUNITY (NON-HOSPITAL) BLOOD BANK

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD	X				X	X			X			
RED BLOOD CELLS (RBC)			X	X	X	X			X			
CRYOPRECIPITATED AHF									X			
PLATELETS			X		X	X			X	X		
PLATELETS WASHED				X	X	X						
FRESH FROZEN PLASMA			X	X					X			
LIQUID PLASMA				X					X			
RECOVERED PLASMA				X					X			
BLOOD COMPONENTS FOR RESEARCH	X			X	X	X			X			
WB-PF24				X					X			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
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DISTRICT OFFICE: Seattle
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LEGAL NAME AND LOCATION: Tacoma-Pierce County Blood Bank 220 South I Street Tacoma, WA 98405 USA 253-383-2553	REPORTING OFFICIAL: Tara Crosby, Director of Quality Assurance Cascade Regional Blood Services 220 South I St. Tacoma, WA 98405 USA 253-383-2553 x227 tarac@crbs.net	U.S. AGENT:
OTHER NAMES USED IN THIS LOCATION: CASCADE REGIONAL BLOOD SERVICES	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS	ESTABLISHMENT TYPE: COMMUNITY (NON-HOSPITAL) BLOOD BANK

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

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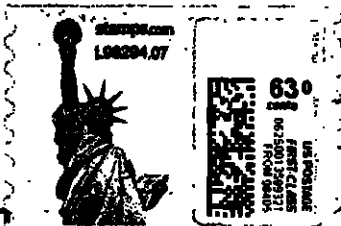
CASCADE REGIONAL BLOOD SERVICES

220 SOUTH I STREET
P.O. BOX 2113
TACOMA, WA 98401

TACOMA WA 983

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YOUR COMMUNIT



Washington State Department of Health
PO Box 47877
Olympia, WA 98504

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