



BLOOD ESTABLISHMENT

Name Red Cross

Amount _____

7/29/25-02-8602-S1000

LF 0597628200 02583

13000

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	
Legal Owner/Operator Name			
The American National Red Cross			
Mailing Address			
431 18th Street NW			
City	State	Zip Code	County
Washington	DC	20006	N/A
Phone (enter 10 digit #)	Fax (enter 10 digit #)		
770-852-4018	202-303-0101		
Email Address	Web Address		
Scott.Webber@redcross.org	www.redcross.org		
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	State	Zip Code	County
Portland	OR	97227	Multnomah
Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)		
503-528-5423	email preferred		
Email Address			
Eben.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.

☐ **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.

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	nichole.element@astria.health
Central Washington	theresa.randolph@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	asramirez@kvhealthcare.org
Klickitat Valley	lboutwell@kvhealth.net
Lake Chelan Community	bschmidt@lcch.net
Lourdes Health Network	jlewis@tricitelab.com
Mid-Valley	tischerc@mvhealth.org
North Valley	lab@nvhospital.org
Okanogan-Douglas	jvandelac@oddh.org
Othello Community	gerbera@othellocommunityhospital.org
Prosser Memorial	smilkas@pphdwa.org
Quincy Valley	agustin.santos@quincyhospital.org
Seattle Children's Hospital	kristina.guido@seattlechildrens.org
St. Mary Medical Center	kara.cardwell@providence.org
Astria Sunnyside	nichole.element@astria.health
Trios Health Southridge	jean.lewis@trioshealth.org
University of Washington	senn@uw.edu
Wenatchee Valley Med Ctr	julie.morley@confluencehealth.org
Yakima Valley Memorial	douglas.kkendall@multicare.org

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3. Contact Information

Contact Person Name Eben Amponsah	Title Director, Quality
Phone (enter 10 digit #) 503-528-5423	Email Address Eben.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.		
Alyssa King 2025.07.03 10:19:39 -07'00'		07/03/2025
Signature of Owner/Authorized Representative		Date
Alyssa King		Quality Assurance Associate II
Print Name		Print Title

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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](#)



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Blood Establishment Registration - Detailed Record

LEGAL NAME AND LOCATION

Current Status: ACTIVE
Last Annual Registration Year: 2025
FDA Establishment Identifier (FED): 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 Welisian Way
City: Richland
State: Washington
Zip: 99352

Country: UNITED STATES
Phone: 503-528-5800

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

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OTHER NAMES

Tri Cities Donor Center
Northwest Region
American Red Cross Blood Services

TYPE OF OWNERSHIP

CORPORATION: NON-PROFIT

ESTABLISHMENT TYPE

COLLECTION FACILITY

PRODUCTS

<input checked="" type="checkbox"/> Allergic	COLLECT (1)	<input checked="" type="checkbox"/> MANTAL APHERESIS (2)	<input type="checkbox"/> AUTOMATED APHERESIS (3)	<input type="checkbox"/> PREPARED LEUKOCYTES (4)	<input type="checkbox"/> IRRADIATED REDUCED (5)	<input type="checkbox"/> DONOR RETESTED (6)	<input type="checkbox"/> TEST STORE AND DISTRIBUTE (7)	<input type="checkbox"/> BACTERIAL TESTING (8)	<input type="checkbox"/> PATHOGEN REDUCED (9)	<input type="checkbox"/> POOLED (10)	<input type="checkbox"/> (11)	<input type="checkbox"/> (12)
<input checked="" type="checkbox"/> Autologous												

<input checked="" type="checkbox"/> Directed										TO OTHERS (9)									
(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																			
(17) PF24 PLASMA																			
(18) PF24RT24 PLASMA			✓																
(19) FRESH FROZEN PLASMA																			
(20) PLASMA CRYOPRECIPITATED REDUCED																			
(21) LIQUID PLASMA																			
(22) THERAPEUTIC EXCHANGE PLASMA																			
(23) SOURCE LEUKOCYTES																			
(24) SOURCE PLASMA																			
(25) RECOVERED PLASMA																			
(26) BLOOD PRODUCTS FOR DIAGNOSTIC USE																			
(27) BLOOD BANK REAGENTS																			
(28) DONOR SCREENING IVDs																			
(29) FREEZE DRIED PLASMA																			

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LEGAL NAME AND LOCATION

Current Status: PRE-REGISTERED
Last Annual Registration Year: 2025
FDA Establishment Identifier (FEI):
Central File Number (CFN):
Establishment DUNS: 144411014
Applicant License Number:
Applicant Name:

Legal Name: The American National Red Cross
Address: 1900 25th Ave. South
City: Seattle
State: Washington
Zip: 98144

Country: UNITED STATES
Phone: 503-528-5800

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

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OTHER NAMES

American Red Cross Blood Services
Northwest Region
Seattle Fixed Site
Mobile Staging Facility


TYPE OF OWNERSHIP

CORPORATION: NON-PROFIT

ESTABLISHMENT TYPE

COLLECTION FACILITY

PRODUCTS

 Allotenic Autologous Directed	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR TESTED (7)	TESTED TO OTHERS (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 REUVENATED												
(8) RBC REUVENATED FROZEN												
(9) RBC REUVENATED DEGLYCEROLIZED												
(10) CRYOPRECIPITATED AHF												
(11) PLATELETS												
(12) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			✓		✓							
(13) PLATELETS EXTENDED DATING												
(14) PLATELETS WASHED												
(15) GRANULOCYTES												
(16) PLASMA												
(17) PF24 PLASMA			✓									
(18) PF24RT24 PLASMA												
(19) FRESH FROZEN PLASMA												
(20) PLASMA CRYOPRECIPITATED REDUCED												
(21) LIQUID PLASMA												
(22) THERAPEUTIC EXCHANGE PLASMA												
(23) SOURCE LEUKOCYTES												
(24) SOURCE PLASMA												
(25) RECOVERED PLASMA												
(26) BLOOD PRODUCTS FOR DIAGNOSTIC USE												
(27) BLOOD BANK REAGENTS												
(28) DONOR SCREENING IVDs												
(29) FREEZE DRIED PLASMA												

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Back To Query Criteria Screen

Back To Query Results Screen

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Blood Establishment Registration - Detailed Record

LEGAL NAME AND LOCATION

Current Status: ACTIVE
Last Annual Registration Year: 2025
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: 503-528-5800

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

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OTHER NAMES

Clark County Site
Northwest Region
American Red Cross Blood Services
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 TESTED (7)	STORE AND DISTRIBUTE TO OTHERS (9)	BACTERIAL TESTING (10)	PATHOGEN REDUCED (11)	POOLED (12)
(1) WHOLE BLOOD	<input checked="" type="checkbox"/>										
(2) RED BLOOD CELLS (RBC)			<input checked="" type="checkbox"/>								
(3) RBC FROZEN											
(4) RBC DEGLYCEROLIZED											
(5) RBC RECONSTITUTED											
(6) RBC WASHED											
(7) RBC REUVENATED											
(8) RBC REUVENATED FROZEN											
(9) RBC REUVENATED DEGLYCEROLIZED											
(10) CRYOPRECIPITATED AHF											
(11) PLATELETS											
(12) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
(13) PLATELETS EXTENDED DATING											
(14) PLATELETS WASHED											
(15) GRANULOCYTES											
(16) PLASMA											
(17) PF24 PLASMA											
(18) PF24RT24 PLASMA			<input checked="" type="checkbox"/>								
(19) FRESH FROZEN PLASMA											
(20) PLASMA CRYOPRECIPITATED REDUCED											
(21) LIQUID PLASMA											
(22) THERAPEUTIC EXCHANGE PLASMA											
(23) SOURCE LEUKOCYTES											
(24) SOURCE PLASMA											
(25) RECOVERED PLASMA											
(26) BLOOD PRODUCTS FOR DIAGNOSTIC USE											
(27) BLOOD BANK REAGENTS											
(28) DONOR SCREENING IVDs											
(29) FREEZE DRIED PLASMA											

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Back To Query Criteria Screen

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Blood Establishment Registration - Detailed Record

LEGAL NAME AND LOCATION

Current Status: ACTIVE
Last Annual Registration Year: 2025
FDA Establishment Identifier (FED): 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: 503-528-5800
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

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OTHER NAMES

American Red Cross Blood Services
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 TEST RETESTED (7)	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 REUVENATED											
(8) RBC REUVENATED FROZEN											
(9) RBC REUVENATED DEGLYCEROLIZED											
(10) CRYOPRECIPITATED AHF								✓			
(11) PLATELETS						✓		✓			
(12) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)						✓		✓			
(13) PLATELETS EXTENDED DATING											
(14) PLATELETS WASHED											
(15) GRANULOCYTES											
(16) PLASMA								✓			
(17) PF24 PLASMA											
(18) PF24RT24 PLASMA											
(19) FRESH FROZEN PLASMA											
(20) PLASMA CRYOPRECIPITATED REDUCED											
(21) LIQUID PLASMA											
(22) THERAPEUTIC EXCHANGE PLASMA											
(23) SOURCE LEUKOCYTES											
(24) SOURCE PLASMA											
(25) RECOVERED PLASMA											
(26) BLOOD PRODUCTS FOR DIAGNOSTIC USE											
(27) BLOOD BANK REAGENTS											
(28) DONOR SCREENING IVDs											
(29) FREEZE DRIED PLASMA											
(30) PLATELETS PAS (PLATELETS ADDITIVE SOLUTION) COLD- STORED								✓			

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Washington Department of Health
PO Box 1099, Olympia WA 98507-1099

If you have any questions, please call 360-236-4700
Department of Health web site www.doh.wa.gov

Blood Collecting or Distributing Establishment Registration

To renew your license, please submit the following:

1. Notice to Renew – Fill out, detach and return the bottom section.
2. License Fee – \$13,000
3. Completed Renewal Application

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It is a violation of Washington State law to operate without a current license. To avoid a lapse in your license, please return immediately.



NOTICE TO RENEW Return with Payment

Please verify all information and record any changes next to the incorrect information.

Expiration Date
08/21/2025

Blood Collecting or Distributing
Establishment Registration
BLE.FS.60787385

PAYABLE IN U.S. FUNDS

Expiration Date	Amount Due
08/21/2025	
PAY LATE AMOUNT BELOW IF PAID AFTER	
08/21/2025	

Please Complete Reverse Side

Site address:
The American National Red Cross, Portland
Oregon
3131 N Vancouver Ave
Portland, OR 97227-1560

The American National Red Cross,
Portland Oregon
796-Breys Ave NE
Salem, OR 97304-2734
3131 N. Vancouver Ave.
Portland, OR 97227

Blood Establishment Registration Application Packet

Contents:

1. 505-130 Contents List/Mailing Information1 page
2. 505-131 Application Instructions Checklist2 pages
3. 505-132 Blood Establishment Registration Application3 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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Department of Health
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Olympia, WA 98507-1099