13000

Washington State Department of Health

BLOOD ESTABLISHMENT

Name Vitalant

Amount _____

1F 0597628200 02583

7/29/25-02-B602-S0998

Washington State Department of Health

Revenue: 0597628200

Blood Establishment Registration Application

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

Check One

☐ Association	☐ Limited Partnership	☐ Sole Proprietor
☐ Corporation	☐ Municipality (City)	☐ State Government Agency
☐ Federal Government Agency	☐ Municipality (County)	☐ Tribal Government Agency
☐ Limited Liability Company	☒ Non-Profit Corporation	☐ Trust
☐ Limited Liability Partnership	☐ Partnership	

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
602724860	86-0098929

Legal Owner/Operator Name
Vitalant

Mailing Address
9305 E. Via de Ventura

City	State	Zip Code	County
Scottsdale	AZ	85258	Maricopa

Phone (enter 10 digit #)	Fax (enter 10 digit #)
800-288-2199	480-675-5766

Email Address	Web Address
reglicensing@vitalant.org	www.vitalant.org

Facility/Agency Name (doing business as (dba) if different from above)
Vitalant

Physical Address
210 West Cataldo Avenue

City	State	Zip Code	County
Spokane	WA	99201	Spokane

Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)
509-232-4565	

Email Address
tgrace@vitalant.org RBurrows@vitalant.org

Mailing Address (If different than physical address)

City	State	Zip Code	County

RECEIVED
JUL 29 2025
DOH/HSQA/OCS
CREDENTIALING

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
See attached list.	

Vitalant

Client Name	Email
Columbia Basin Hospital	kibbyr@columbiabasinhospital.org
Coulee Medical Center	hicksr@cmccares.org
Multicare Deaconess	alex.jackson@multicare.org
East Adams Rural Hospital	cfedie@earh.org
Ferry County Memorial Hospital	jennifer.reed@fcphd.org
Life Flight - Spokane	cseckel@lifeflight.org
Lincoln Hospital	kstansbury@lchnh.com
Newport Hospital and Health Services	Merry-Ann.Keane@nhhsqualitycare.org
Providence Holy Family Hospital	susan.stacey@providence.org
Providence Mount Carmel Hospital	susan.stacey@providence.org
Providence Sacred Heart Medical Center	susan.stacey@providence.org
Providence St Joseph's Hospital	susan.stacey@providence.org
Pullman Regional Hospital	Matthew.Forge@pullmanregional.org
Samaritan Healthcare	tsullivan@samaritanhealthcare.com
Shriners Hospitals for Children	pbrewer@shrinenet.org
Spokane VA Medical Center	Lauren.Phillips9@va.gov
St. Luke's Rehabilitation Institute	susan.stacey@providence.org
Valley Hospital	alex.jackson@multicare.org
Whitman Hospital and Medical Center	HanigaH@whmc.org
UW Medicine	scmhelp@uw.edu

3. Contact Information

Contact Person Name	Title
Trish Grace; Ryan Burrows	Sr. Quality Director; Quality Manager

Phone (enter 10 digit #)	Email Address
916-453-3657 509-879-0031	tgrace@vitalant.org RBurrows@vitalant.org

Contact Person Name	Title
Stephanie Stenshoel	Regulatory Compliance Mgr.

Phone (enter 10 digit #)	Email Address
602-414-3822	reglicensing@vitalant.org SStenshoel@vitalant.org

4. Change of Ownership Information

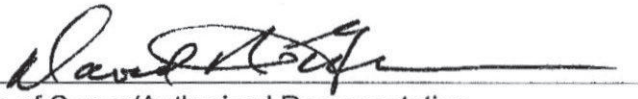
Previous Name of Legal Owner

N/A

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.



Signature of Owner/Authorized Representative — Date: 6/5/2025

David R. Green — CEO

Print Name — Print Title

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JUL 29 2025

DOH/HSQA/OCS
CREDENTIALING

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: 12/10/2024

LEGAL NAME AND LOCATION:

Vitalant
210 W Cataldo Ave
Spokane, WA 99201 USA

509-624-0151

REPORTING OFFICIAL:
Nicole Ziemba, Regulatory Compliance Manager
Vitalant
9305 E Via De Ventura

Scottsdale, AZ 85258 USA
480-675-5685
reglicensing@vitalant.org

U.S. AGENT:

OTHER NAMES USED IN THIS LOCATION:
Spokane

TYPE OF OWNERSHIP:
CORPORATION

DONOR/RECIPIENT RELATIONSHIP:
ALLOGENIC, AUTOLOGOUS, DIRECTED

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			
RED BLOOD CELLS (RBC)			X	X	X	X		X	X			
RBC RECONSTITUTED				X		X			X			
RBC WASHED				X		X			X			
CRYOPRECIPITATED AHF				X					X			X
PLATELETS			X	X	X				X		X	
PLATELETS EXTENDED DATING				X		X			X	X		
PLATELETS WASHED				X		X			X			
PF24 PLASMA				X					X			
PF24RT24 PLASMA			X	X					X			

FDA information collection OMB Control number: 0910-0052, Expiration Date: 7/31/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
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FRESH FROZEN PLASMA			X	X					X		X	
PLASMA CRYOPRECIPITATED REDUCED				X					X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE				X					X			
COLD STORED PLATELETS	X			X					X			
VOLUME REDUCED PLATELETS				X		X			X			

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

Vitalant
c/o S. Stenshoel, Quality Dept.
3231 11th St. S
Fargo, ND
58104

CPU

U.S. POSTAGE IMI
$7.40
PKGU RDC 01
Orig: 58078
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Department of Health
P.O. Box 1099
Olympia, WA
98507-1099

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