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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 # 601141555	Federal Tax ID (FEIN) # 91-1019655
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Legal Owner/Operator Name
Bloodworks

Mailing Address
921 Terry Avenue

City Seattle	State WA	Zip Code 98104	County King
-----------------	-------------	-------------------	----------------

Phone (enter 10 digit #) (206) 689-6287	Fax (enter 10 digit #) (206) 689-8364
--	--

Email Address Regulatory@BloodworksNW.org	Web Address bloodworksnw.org
--	---------------------------------

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

Physical Address

City	State	Zip Code	County
------	-------	----------	--------

Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Email Address

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.

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Client Name	Client Email Address
Capital Medical Center	mark.turner@capitalmedical.com
Cascade Regional Blood Serv	richardf@crbs.net
Cascade Valley Hospital	cbroadbent@skagitregionalhealth.org
Evergreen Healthcare Lab	KKBrown@evergreenhealthcare.org
Evergreen Healthcare Redmond	KKBrown@evergreenhealthcare.org
EvergreenHealth Monroe	KKBrown@evergreenhealthcare.org
Forks Community Hospital	heidia@forkshospital.org
Harborview Medical Center	valgas@u.washington.edu
Island Hospital	ecutter@islandhospital.org
Jefferson Healthcare	mglenn@jeffersonhealthcare.org
Kaiser Permanente Bellevue	Chris.F.Villanueva@kp.org
Kaiser Permanente Central	Chris.F.Villanueva@kp.org
Kindred Hospital, First Hill	peggy.moore@kindred.com
Legacy Salmon Creek Hospital	KMOSLEY@LHS.ORG
Madigan Army Medical Center	walter.j.bischoff.civ@mail.mil
Mason General Hospital	emoll@masongeneral.com
Mason General Hospital	emoll@masongeneral.com
Arbor Health - Morton Hospital	jtaylor@mortongeneral.org
Multicare Tacoma General	Jeannie.Nielsen@multicare.org
Olympic Memorial Hospital	nhill@olympicmedical.org
Overlake Medical Center	Jennifer.Prentice@overlakehospital.org
PeaceHealth St John Med Ctr	WHemenway@peacehealth.org
PeaceHealth St Joseph Med Ctr	CWendt2@peacehealth.org
Peacehealth SW Medical Center	ACullison@peacehealth.org
Providence Colby Everett M Ctr	myrna.rosand@providence.org
Providence Hosp Centralia	myrna.rosand@providence.org
Providence St Peters Hsp	phillip.graft@providence.org

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Continued on last page.

3. Contact Information

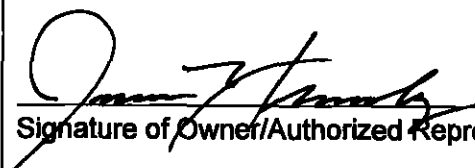
Contact Person Name	RECEIVED	Title
Jessica Hernandez	AUG 16 2023	Regulatory Affairs Specialist
Phone (enter 10 digit #)	DOH/HSQA/OCS CREDENTIALING	Email Address
(206) 689-6287		Regulatory@BloodworksNW.org
Contact Person Name		Title
Jessica Lantz		Director, Quality Assurance and Regulatory Affairs
Phone (enter 10 digit #)		Email Address
(425) 656-7917		Regulatory@BloodworksNW.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.

	08/14/2023
Signature of Owner/Authorized Representative	Date
Jessica Hernandez	Regulatory Affairs Specialist
Print Name	Print Title

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Bloodworks Blood Establishment Registration Application

2. Client Information

Additional Clients

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Client Name	Client Email Address
SCCA at Evergreen Health	mlatimer@seattlecca.org
SCCA at Issaquah	jnphan@seattlecca.org
SCCA at Overlake	Jennifer.Prentice@overlakehospital.org
SCCA Peninsula	kvargas@seattlecca.org
Seattle Cancer Care Alliance	rieblanc@seattlecca.org
Seattle Childrens Hospital	lisa.wick@seattlechildrens.org
Skagit Valley Hospital	CBroadbent@skagitregionalhealth.org
Snoqualmie Valley Hosp	casandrak@snoqualmiehospital.org
St Anne Hospital-CHI Burien	ArleneBrennan@chifranciscan.org
St Anthony Hsp-CHI Gig Harbor	ArleneBrennan@chifranciscan.org
St Clare Hsp-CHI Tacoma	ArleneBrennan@chifranciscan.org
St Elizabeth-CHI Enumclaw	ArleneBrennan@chifranciscan.org
St Francis Hsp-CHI Federal Way	ArleneBrennan@chifranciscan.org
St Joseph Medical-CHI Tacoma	ArleneBrennan@chifranciscan.org
St Michael Medical Center-CHI	ArleneBrennan@chifranciscan.org
Swedish Edmonds	allan.lee@swedish.org
Swedish Health Services	Tracy.Pepper@swedish.org
Swedish Med Center-Cherry Hill	Tracy.Pepper@swedish.org
Swedish Medical Center-Iss	Tracy.Pepper@swedish.org
UW Medical Center TSL	senn@uw.edu
VA Medical Center	ChesterAlan.Flores@va.gov
Valley Medical Center	ghxodap.valleymedicalcenter@na.firstsource.com
Virginia Mason Hospital	craig.patrick@virginiamason.org
Whidbey General Hospital	phippk@whidbeyhealth.org

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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: 3071347 DUNS: 092881085 U.S. License Number: 2042	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE: Seattle VALIDATED BY FDA: 12/16/2022
LEGAL NAME AND LOCATION: Bloodworks 921 Terry Avenue Seattle, WA 98104 USA 206-689-6287	REPORTING OFFICIAL: Jessica D. Hernandez 921 Terry Avenue Seattle, WA 98104 USA 206-689-6287 Regulatory@BloodworksNW.org	U.S. AGENT:	
OTHER NAMES USED IN THIS LOCATION: Central Seattle; King County Central Blood Bank; Puget Sound Blood Bank; Puget Sound Blood Center and Program; Puget Sound Blood Center and Program	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											
RED BLOOD CELLS (RBC)			X		X	X		X	X			
RBC FROZEN				X				X	X			
RBC DEGLYCEROLIZED				X		X		X	X			
RBC RECONSTITUTED				X		X		X	X			
RBC WASHED				X		X		X	X			
CRYOPRECIPITATED AHF									X			
PLATELETS			X		X	X			X			
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			X		X							
PLATELETS WASHED				X		X			X			

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PRINTED DATE: 06-JAN-23

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PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
GRANULOCYTES			X			X		X	X			
PF24 PLASMA			X						X			
FRESH FROZEN PLASMA			X						X			
PLASMA CRYOPRECIPITATED REDUCED									X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X											

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

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Jessica Hernandez

From: Miller, Kathi D (DOH) <Kathi.Miller@DOH.WA.GOV>
Sent: July 24, 2023 9:59 AM
To: Regulatory
Subject: Renewal Application for Blood Collecting or Distributing Establishment Registration # BLE.FS.60794929

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Importance: High
Follow Up Flag: Follow up
Flag Status: Flagged

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This email originated from outside Bloodworks' email system. Do NOT click links or open attachments unless you recognize the sender and know the content is safe.

July 24, 2023

Bloodworks
921 Terry Ave
Seattle, WA 98104-1239

Subject: Renewal Application for Blood Collecting or Distributing Establishment Registration # BLE.FS.60794929

Dear Bloodworks:

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: <http://www.doh.wa.gov/portals/1/Documents/Pubs/505066.pdf>. Complete and return the original application to our office to continue the renewal process; fax and emailed copies will not be accepted. You do not need to resubmit fees or any other documents initially sent in with your renewal

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

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

Sincerely,

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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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CERTIFIED MAIL

Jessica Hernandez
QARA
Bloodworks
921 Terry Ave
Seattle, WA 98104



7019 0700 0001 5627 2405



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WA Department of Health
P.O. Box 47877
Olympia, WA 98504-7877

