

01 0597628200 BLE.FS.6078738500000002 20240514 13,000.0

# NOTICE TO RENEW Return with Payment



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

Blood Collecting or Distributing Establishment Registration Expiration Date  
BLE.FS.60787385 08/21/2024

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

PAYABLE IN U.S. FUNDS

Due Date	Amount Due
08/18/2024	\$ 13,000.00
<b>PAY LATE AMOUNT BELOW IF PAID AFTER</b>	
08/18/2024	\$ 13,000.00

*Please Complete Reverse Side*

Site Address:

The American National Red Cross, Portland  
Oregon

3131 N Vancouver Ave  
Portland, OR 97227-1560

Phone: (503) 528-5424

Fax: (503) 284-3923

E-mail: [ebenezer.amponsah@redcross.o](mailto:ebenezer.amponsah@redcross.o)

RECEIVED

JUL 18 2024

DOH/HSQA/OCS  
CREDENTIALING

910597628200 0BLEFS6078738500000000022024051401300000

RECEIVED  
JUL 18 2017  
DOH BOARD OF  
CREDENTIALING

7/18/24-01-B861-S133E  
DOH 505-130 July 2017

**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.

RECEIVED

JUL 18 2024

DOH/HSQA/OCS  
CREDENTIALING

Date  
Stamp  
Here

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) # 53-0196605
-------	---------------------------------------

Legal Owner/Operator Name  
The American National Red Cross

Mailing Address  
431 18th Street NW

City Washington	State DC	Zip Code 20006	County N/A
--------------------	-------------	-------------------	---------------

Phone (enter 10 digit #) 770-852-4018	Fax (enter 10 digit #) 202-303-0101
--	--

Email Address Scott.Webber@redcross.org	Web Address 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 Portland	State OR	Zip Code 97227	County Multnomah
------------------	-------------	-------------------	---------------------

Facility Phone (enter 10 digit #) 503-528-5423	Fax (enter 10 digit #) email preferred
---	---

Email Address  
Ebenezer.Amponsah@redcross.org

Mailing Address (If different than physical address)

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

**RECEIVED**  
**JUL 18 2024**  
DOH/HSCA/HOCS  
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
Astria Toppenish	marissa.agee@astria.health
Central Washington	theresa.sim@confluencehealth.org
Columbia County Health	montef@cchd-wa.org
Harborview Med Center	tuotte@uw.edu
Kadlec Medical Ctr	rachel.serkownek@kadlec.org
Kittitas Valley Comm	bjohnston@kvch.com
Klickitat Valley	cbuchanan@kvhealth.net
Lake Chelan Community	jwest@lcch.net
Lourdes Health Network	jlewis@tricityslab.com
Mid - Valley	hills@mvhealth.org
North Valley	noreenolma@nvhospital.org
Three Rivers Hospital	jvandelac@oddh.org
Othello Community	martinb@othellocommunityhospital.org
Prosser Memorial	smilklas@pphdwa.org
Quincy Valley	agustin.santos@quincyhospital.org
Seattle Children's Hospital	kristina.guido@seattlechildrens.org
St. Mary Medical Center	kara.hanson@kadlec.org
Astria Sunnyside	marissa.agee@astria.health
Trios Health Southridge	mindy.aichele@trioshealth.org
University of Washington	crystber@uw.edu
MultiCare Yakima Valley Memorial Hospital	douglas.kikendall@multicare.org

RECEIVED

JUL 18 2024

DOH/H8QA/OCS  
CREDENTIALING

### 3. Contact Information

Contact Person Name Eben Amponsah	Title Director, Quality
Phone (enter 10 digit #) 503-528-5423	Email Address Ebenezer.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.

Veronica Jordan  
2024.07.09 14:45:12 -07'00'

Signature of Owner/Authorized Representative

Date

Veronica Jordan

Quality Assurance Associate III

Print Name

Print Title

RECEIVED

JUL 18 2024

DOH/HSQA/OCS  
CREDENTIALING



[FDA Home Page](#) | [Contact eBER Technical Support](#)

**Blood Establishment Registration - Detailed Record**

**LEGAL NAME AND LOCATION**

Current Status: ACTIVE  
 Last Annual Registration Year: 2024  
 FDA Establishment Identifier (FEI): 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 Wellsian Way  
 City: Richland  
 State: Washington  
 Zip: 99352  
 Country: UNITED STATES  
 Phone: 503-284-1234  
 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](mailto:bernice.suddarth@redcross.org)

**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"/> Allogeneic	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR RETESTED (7)	TEST (8)	STORE AND DISTRIBUTE (10)	BACTERIAL TESTING (10)	PATHOGEN REDUCED (11)	POOLED (12)
--	-------------	----------------------	-------------------------	-------------	------------------------	----------------	--------------------	----------	---------------------------	------------------------	-----------------------	-------------

<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										

eBER v1.19.01  
Updated 07/29/2024

[Contact eBER Technical Support](#) | 
 [Online Help](#) | 
 [Release Notes](#)  


---

[FDA Home Page](#) | 
 [Contact FDA](#) | 
 [Privacy](#) | 
 [Accessibility](#) | 
 [HHS Home Page](#) | 
 [Vulnerability Disclosure Policy](#)

FDA / Center for Biologics Evaluation and Research





[FDA Home Page](#) | [Contact eBER Technical Support](#)

---

**Blood Establishment Registration - Detailed Record**

---

**LEGAL NAME AND LOCATION**

Current Status: ACTIVE  
Last Annual Registration Year: 2024  
FDA Establishment Identifier (FEI): 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: 503-284-1234  
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](mailto:bernice.suddarth@redcross.org)

**OTHER NAMES**

Northwest Region  
American Red Cross Blood Services

**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 RETESTED (7)	TEST (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 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												

eBER v1.19.01  
Updated 07/29/2024

[Contact eBER Technical Support](#) | [Online Help](#) | [Release Notes](#)  
[FDA Home Page](#) | [Contact FDA](#) | [Privacy](#) | [Accessibility](#) | [HHS Home Page](#) | [Vulnerability Disclosure Policy](#)

FDA / Center for Biologics Evaluation and Research



[FDA Home Page](#) | [Contact eBER Technical Support](#)

---

## Blood Establishment Registration - Detailed Record

---

### LEGAL NAME AND LOCATION

Current Status: ACTIVE  
Last Annual Registration Year: 2024  
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: 503-284-1234  
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](mailto:bernice.suddarth@redcross.org)

### 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 RETESTED (7)	TEST (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 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												

eBER v1.19.01  
Updated 07/29/2024

[Contact eBER Technical Support](#) | [Online Help](#) | [Release Notes](#)  
[FDA Home Page](#) | [Contact FDA](#) | [Privacy](#) | [Accessibility](#) | [HHS Home Page](#) | [Vulnerability Disclosure Policy](#)

FDA / Center for Biologics Evaluation and Research