



13 000-

BLOOD ESTABLISHMENT

Name Vitalant

Amount \_\_\_\_\_

7/17/24-01-B601-S0258

LF 0597628200 02583



Date:  
State:  
Hwy:

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 # 602724860	Federal Tax ID (FEIN) # 86-0098929
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Legal Owner/Operator Name  
Vitalant

Mailing Address  
9305 E. Via de Ventura

City Scottsdale	State AZ	Zip Code 85258	County Maricopa
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Phone (enter 10 digit #) 800-288-2199	Fax (enter 10 digit #) 480-675-5766
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Email Address reglicensing@vitalant.org	Web Address www.vitalant.org
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Facility/Agency Name (doing business as (dba) if different from above)  
Vitalant

Physical Address  
210 West Cataldo Avenue

City Spokane	State WA	Zip Code 99201	County Spokane
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Facility Phone (enter 10 digit #) 509-232-4565	Fax (enter 10 digit #)
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Email Address  
tgrace@vitalant.org

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Mailing Address (If different than physical address)

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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.

Client Name	Client Email Address
See attached list.	

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**Vitalant-Spokane Center Hospital Client List  
for Application Section #2**

<b>Client Name</b>	<b>Email</b>
Columbia Basin Hospital	<a href="mailto:kibbyr@columbiabasinhospital.org">kibbyr@columbiabasinhospital.org</a>
Coulee Medical Center	<a href="mailto:hicksr@cmccares.org">hicksr@cmccares.org</a>
Multicare Deaconess	<a href="mailto:alex.jackson@multicare.org">alex.jackson@multicare.org</a>
East Adams Rural Hospital	<a href="mailto:cfedie@earh.org">cfedie@earh.org</a>
Ferry County Memorial Hospital	<a href="mailto:jennifer.reed@fcphd.org">jennifer.reed@fcphd.org</a>
Life Flight - Spokane	<a href="mailto:cseckel@lifeflight.org">cseckel@lifeflight.org</a>
Lincoln Hospital	<a href="mailto:lacyte@lhd3.org">lacyte@lhd3.org</a>
Newport Hospital and Health Services	<a href="mailto:Merry-Ann.Keane@nhhsqualitycare.org">Merry-Ann.Keane@nhhsqualitycare.org</a>
Providence Holy Family Hospital	<a href="mailto:susan.stacey@providence.org">susan.stacey@providence.org</a>
Providence Mount Carmel Hospital	<a href="mailto:susan.stacey@providence.org">susan.stacey@providence.org</a>
Providence Sacred Heart Medical Center	<a href="mailto:susan.stacey@providence.org">susan.stacey@providence.org</a>
Providence St Joseph's Hospital	<a href="mailto:susan.stacey@providence.org">susan.stacey@providence.org</a>
Pullman Regional Hospital	<a href="mailto:Matthew.Forge@pullmanregional.org">Matthew.Forge@pullmanregional.org</a>
Samaritan Healthcare	<a href="mailto:tsullivan@samaritanhealthcare.com">tsullivan@samaritanhealthcare.com</a>
Shriners Hospitals for Children	<a href="mailto:pbrewer@shrinenet.org">pbrewer@shrinenet.org</a>
Spokane VA Medical Center	<a href="mailto:Lauren.Phillips9@va.gov">Lauren.Phillips9@va.gov</a>
St. Luke's Rehabilitation Institute	<a href="mailto:susan.stacey@providence.org">susan.stacey@providence.org</a>
Valley Hospital	<a href="mailto:alex.jackson@multicare.org">alex.jackson@multicare.org</a>
Whitman Hospital and Medical Center	<a href="mailto:HanigaH@whmc.org">HanigaH@whmc.org</a>

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**3. Contact Information**


Contact Person Name Trish Grace; Maureen Pedigo		Title Sr. Quality Dir.; Clinical Services Quality Mgr
Phone (enter 10 digit #) 916-453-3657; 509-232-4544	Email Address tgrace@vitalant.org; mpedigo@vitalant.org	
Contact Person Name Stephanie Stenshoel		Title Regulatory Compliance Mgr.
Phone (enter 10 digit #) 602-414-3822	Email Address reglicensing@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.

	6/19/2024
Signature of Owner/Authorized Representative	Date
David R. Green	President and CEO
Print Name	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	<b>FEI:</b> 3071345 <b>DUNS:</b> 080670960 <b>U.S. License Number:</b> 2106	<b>REASON FOR SUBMISSION</b> Annual Registration	<b>DISTRICT OFFICE:</b> Seattle <b>VALIDATED BY FDA:</b> 11/27/2023
<b>LEGAL NAME AND LOCATION:</b>  Vitalant 210 W Cataldo Ave Spokane, WA 99201 USA  509-624-0151	<b>REPORTING OFFICIAL:</b> Nicole Ziemba, Regulatory Compliance Manager Vitalant 9305 E Via De Ventura  Scottsdale, AZ 85258 USA 480-675-5685 reglicensing@vitalant.org	<b>U.S. AGENT:</b>	
<b>OTHER NAMES USED IN THIS LOCATION:</b> Spokane	<b>TYPE OF OWNERSHIP:</b> CORPORATION  <b>DONOR/RECIPIENT RELATIONSHIP:</b> ALLOGENIC, AUTOLOGOUS, DIRECTED	<b>ESTABLISHMENT TYPE:</b> 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			X			
PF24 PLASMA				X					X			
PF24RT24 PLASMA			X	X					X			

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

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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
FRESH FROZEN PLASMA			X	X					X			
PLASMA CRYOPRECIPITATED REDUCED				X					X			
RECOVERED PLASMA				X					X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE				X					X			
COLD STORED PLATELETS				X					X			

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







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TO:

Department of Health  
P.O. Box 1099  
Olympia, WA  
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