

21 0597628200 BLE.FS.6079492900000000 02 20240611 13,000.0

PAYABLE IN U.S. FUNDS

NOTICE TO RENEW Return with Payment



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

Due Date	Amount Due
09/15/2024	\$ 13,000.00
PAY LATE AMOUNT BELOW IS PAID AFTER	
09/15/2024	\$ 13,000.00

Blood Collecting or Distributing Establishment Registration Expiration Date
BLE.FS.60794929 09/20/2024

Please Complete Reverse Side

Bloodworks
921 Terry Ave
Seattle, WA 98104-1239

Site Address:
Bloodworks
921 Terry Ave
Seattle, WA 98104-1239

Phone: 206-292-6500
Fax:
E-mail: regulatory@bloodworksnw.org



910597628200 0BLEFS6079492900000000022024061101300000

7/22/24-01-8861-S1034

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AUG 26 2024

From: Miller, Kathi D (DOH)
To: Regulatory
Subject: Renewal Application for Blood Collecting or Distributing Establishment Registration # BLE.FS.60794929
Date: Tuesday, July 23, 2024 4:20:33 PM
Attachments: [image001.png](#)
[image002.png](#)
Importance: High

DOH/HSQA/OCS

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This message came from outside your organization.

Do NOT click links or open attachments unless you recognize the sender and know the content is safe.

[Report Suspicious](#)

July 23, 2024

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: [Blood Establishment Registration Application \(wa.gov\)](#).
Complete and return the original application to our office to continue

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

Sincerely,

Kathi Miller
Health Services Consultant
Facilities Credentialing

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HSQA Office of Customer Service
Washington State Department of Health
kathi.miller@doh.wa.gov
www.doh.wa.gov



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Date
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Stamp
AUG 26 2024
Here
DOH/HSQA/OCS

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	RECEIVED AUG 26 2024 DOH/HSQA/OCS CREDENTIALING
Legal Owner/Operator Name Bloodworks		
Mailing Address 921 Terry Avenue		
City Seattle	State WA	Zip Code 98104
Phone (enter 10 digit #) 206-689-6287		Fax (enter 10 digit #) 206-689-6384
Email Address Regulatory@bloodworksnw.org		Web Address bloodworksnw.org
Facility/Agency Name (doing business as (dba) if different from above) Bloodworks Northwest		
Physical Address Same as mailing address above		
City	State	Zip Code
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)
Email Address		
Mailing Address (If different than physical address)		
City	State	Zip Code
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)
Email Address		
Mailing Address (If different than physical address)		
City	State	Zip Code
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)
Email Address		
Mailing Address (If different than physical address)		
City	State	Zip Code
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)
Email Address		
Mailing Address (If different than physical address)		
City	State	Zip Code
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)
Email Address		
Mailing Address (If different than physical address)		

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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3. Contact Information

Contact Person Name Jessica Hernandez	Title Regulatory Affairs Specialist
Phone (enter 10 digit #) 206-689-6287	Email Address Regulatory@bloodworksnw.org
Contact Person Name Jessica Lantz	Title Director, Quality Assurance and Regulatory Affairs
Phone (enter 10 digit #) 425-656-7917	Email Address Regulatory@bloodworksnw.org


4. Change of Ownership Information

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Previous Name of Legal Owner N/A	AUG 26 2024 DOH/HSQA/OCS	
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.

	08-20-2024
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

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Client Name	Client Email Address
Arbor Health - Morton Hospital	jtaylor@mortongeneral.org
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
FHCC at Evergreen Health	mlatimer@seattlecca.org
FHCC at Issaquah	jnphan@seattlescca.org
FHCC at Overlake	Jennifer.Prentice@overlakehospital.org
FHCC Peninsula	kvargas@seattlecca.org
Forks Community Hospital	heidia@forkshospital.org
Fred Hutchinson Cancer Center	rleblanc@seattlecca.org
Grays Harbor Community Hospital	accounting@ghcares.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
Multicare Allenmore Hospital	Jeannie.Nielsen@multicare.org
Multicare Auburn Med Ctr	Jeannie.Nielsen@multicare.org
Multicare Capital Medical Center	mark.turner@capitalmedical.com
Multicare Good Sam Hsp	Jeannie.Nielsen@multicare.org
Multicare Health System Covington	Jeannie.Nielsen@multicare.org
Multicare Tacoma General	Jeannie.Nielsen@multicare.org
Olympic Memorial Hospital	nhill@olympicmedical.org
Overlake Medical Center	Nahid.Hafizi@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
Seattle Childrens Hospital	lisa.wick@seattlechildrens.org
Skagit Valley Hospital	CBroadbent@skagitregionalhealth.org
Snoqualmie Valley Hosp	ShaunaD@Snoqualmiehospital.org
St Anne Hospital-CHI Burien	ArleneBrennan@chifranciscan.org
St Anthony Hsp-CHI Gig Harbor	ArleneBrennan@chifranciscan.org

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Bloodworks Blood Establishment Registration Application

2. Client Information

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Client Name	Client Email Address	DOH/HSQA/OCS
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	deborah_mullert@valleymed.org	
Virginia Mason Hospital	craig.patrick@virginiamason.org	
Whidbey General Hospital	kingju@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: 12/19/2023

LEGAL NAME AND LOCATION:

Bloodworks
 921 Terry Avenue
 Seattle, WA 98104 USA

206-689-6287

REPORTING OFFICIAL:

Jessica D. Hernandez, Quality Assurance and Regulatory A

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			
PLATELETS PAS (PLATELETS ADDITIVE SOLUTION)			X		X				X			
PLATELETS WASHED				X					X			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 FOOD AND DRUG ADMINISTRATION
 BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR
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 Seattle, WA 98104 USA

206-689-6287

REPORTING OFFICIAL:

Jessica D. Hernandez, Quality Assurance and Regulatory A

921 Terry Avenue

Seattle, WA 98104 USA

206-689-6287

Regulatory@BloodworksNW.org

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GRANULOCYTES			X			X		X	X			
PF24 PLASMA			X						X			
FRESH FROZEN PLASMA			X						X			
PLASMA CRYOPRECIPITATED REDUCED									X			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	X											
FRESH FROZEN PLASMA - POOLED				X					X			
PLASMA CRYOPRECIPITATE REDUCED - POOLED				X					X			

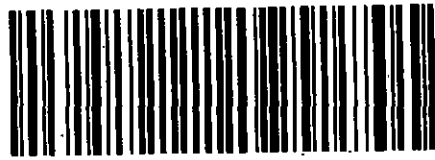
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***** End Of Report *****

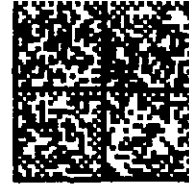
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Bloodworks
921 Terry Avenue
Seattle, WA 98104

CERTIFIED MAIL



7019 0700 0001 5627 2436



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ZIP 98104

08/21/2024
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AUG 26 2024

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

