

State of Tennessee



License No. 0000004219

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the Tennessee Department of Health to:
MEDIC REGIONAL BLOOD CENTER FARRAGUT

Medical Laboratory Director THOMAS C. WATKINS, D.O.

Owner CORPORATION

To conduct and maintain a Medical Laboratory in the Specialty (see) of:

BLOOD BANK DONOR CENTER
HEMATOLOGY (LIMITED)
PLATELET PRE-COUNT

On the premises located at 11000 KINGSTON PK STE 4, KNOXVILLE, TN 37934-2839

County of KNOX

This license shall expire JANUARY 31 2020

This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. Section 68-29-111 and regulations thereon. This license shall not be assignable or transferable and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State
this 7TH day of JANUARY 2019

By Diana E. Snyder
INTERIM DIRECTOR, HEALTH RELATED BOARDS

By David Q. Watson MHA, MT (ASCP)
CHAIRMAN, MEDICAL LABORATORY BOARD

By [Signature]
COMMISSIONER, DEPARTMENT OF HEALTH

