

State of Tennessee



License No. 000002261

DEPARTMENT OF HEALTH

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

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

Owner **CORPORATION**

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

- COMPATIBILITY TESTING
- BACTERIOLOGY (LIMITED)
- ANTIBODY DETECTION TRANSFUSION
- ROUTINE CHEMISTRY
- ANTIBODY IDENTIFICATION
- ABO GROUP & RH TYPE
- HEMATOLOGY
- ANTIBODY DETECTION NONTRANSFUSION
- DIAGNOSTIC IMMUNOLOGY

The premises located at **1601 AILOR AVENUE, KNOXVILLE, TN 37921-6702**

County of **KNOX**

This license shall expire **FEBRUARY 28** 2022.

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.O. Section 68-29-111 and regulations thereeto. 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 **22ND** day of **JANUARY** 2021.



By **BH**

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By **David Q. Wator** MHA, MT (ASCP)

CHAIRMAN, MEDICAL LABORATORY BOARD

By **David Ferguson**

COMMISSIONER, DEPARTMENT OF HEALTH