

State of Tennessee



License No. 0000004219

DEPARTMENT OF HEALTH

This *Dr. St. Gentry*, 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 2023.

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 thereto. 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 hereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State

this 1ST day of DECEMBER 2021.

By Yunjin J. Park

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By Melinda S. Watson

CHAIRMAN, MEDICAL LABORATORY BOARD

By Blair Percyn

COMMISSIONER, DEPARTMENT OF HEALTH

