

# State of Tennessee



## DEPARTMENT OF HEALTH

License No. 0000004219

*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.  
*Ownership Type* CORPORATION

*To conduct and maintain a Medical Laboratory in the Specialty (ies) 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 2024.

*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.P.C. 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 thereunder.*

*In Witness Whereof, we have hereunto set our hand and seal of the State*  
this 20TH day of DECEMBER 2022.

*By* Yvonne J. Peterson, Esq.  
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

*By* Mark S. Wilson  
CHAIRMAN, MEDICAL LABORATORY BOARD

*By* Debra  
COMMISSIONER, DEPARTMENT OF HEALTH

