## State of Tennessee



Picense A. 0000004219

## DEPARTMENT OF HEALTH

MEDIC REGIONAL BLOOD CENTER FARRAGUT	This Is To Certify, that a license is hereby granted by the Tennessee Departm
A THE WAY THE STATE OF	by granted by
	the @
	Tennessee
	Department
	200
	Health to:
	-

BLOOD BANK DONOR CENTER HEMATOLOGY (LIMITED)
PLATELET PRE-COUNT Medical Laboratory Director THOMAS C. WATKINS, D.O. Ownership Type To conduct and maintain a Medical Laboratory in the Specialty (ies) of: CORPORATION

This license shall expire	County of	On the premises located at_
JANUARY 31	KNOX	On the premises located at 11000 KINGSTON PK STE 4, KNOXVILLE, TN 37934-2839
2025		E, TN 37934-2839

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. regulations thereto. This license shall not be assignable or transferable and shall be 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.E.A. Section 68-29-111 and

In Witness Whereof, we have hereunto set our hand and real of the State this 5TH day of DECEMBER

By June 2. Rutuny Ey
ASSISTANT COMMISSIONER, HEALTH LICENSU

ASSISTANT COMMISSIONER, REALTH LICENSORE &

By Surify Didsonlo MT (ASCE)

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CHAIRMAN, MEDICAL LABORATORY BOARD

BOARD

COMMISSIONER, DEPARTMENT OF HEALTH