

Dicense Ho. 0000004441

## DEPARTMENT OF HEALTH

HEMOGLOBIN BLOOD BANK DONOR CENTER	To conduct and maintain a Medical Laboratory in the Specialty (ies) of:	Chemeralish Type CORPORATION	Redical Pasciatory Director ELIZABETH E. CULLER, MD	BLOOD ASSURANCE, INC CLARKSVILLE DONOR CENTER	This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to:
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On the premises locate County of	Country of MONTGOMERY
This license shall expire	MAY 31 2024
	is 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.G.F. Section 68-29-111 and
15/65 4116.	regulations thereto. This license shall not be assignable or transferable and shall be
•	ect to revocation at any time by the State Department of Fleatth for failure to comply
があって	with the laws of the State of Tennessee or the rules and regulations of the State Department
	of Health issued thereunder.
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CHAIRMAN, MEDICAL LABORATORY BOARD

COMMISSIONER, DEPARTMENT OF HEALTH

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION