

# State of Tennessee



License No. 0000002159

## DEPARTMENT OF HEALTH

This I, *I. C. Cortis*, that a license is hereby granted by the Tennessee Department of Health to:

BLOOD ASSURANCE, INC.

Medical Laboratory Director ELIZABETH E. CULLER, M.D.

Owner CORPORATION

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

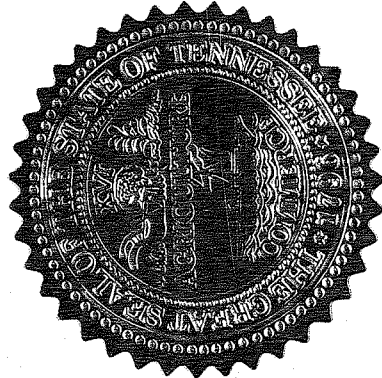
HEMOGLOBIN

On the premises located at 201 KEITH STREET SW STE 19, CLEVELAND, TN 37311-5867

County of BRADLEY

This license shall expire DECEMBER 31 2015.

*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.A. 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 3RD day of DECEMBER 2014.

By *Cheryl Y. Amst* SCT(ASCP)  
CHAIRMAN, MEDICAL LABORATORY BOARD

By *Boemerie Otto*  
DIRECTOR, HEALTH RELATED BOARDS