

State of Tennessee



License No. 0000004070

DEPARTMENT OF HEALTH

This is to Certify, that a license is hereby granted by the Tennessee Department of Health to:

BLOOD ASSURANCE, INC.-COOKEVILLE DONOR STATION

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 **155 W BROAD ST, COOKEVILLE, TN 38501-4495**

County of **PUTNAM**

This license shall expire **JULY 31 2017**

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 **17TH** *day of* **NOVEMBER** **2016**.

By **Emerie Otto**

DIRECTOR, HEALTH RELATED BOARDS

By **Cheryl S. Smith SCT(ASCP)**

CHAIRMAN, MEDICAL LABORATORY BOARD

By **John J. Dyer**

COMMISSIONER, DEPARTMENT OF HEALTH

