State of Tennessee



Dicense St. 0000004454

DEPARTMENT OF HEALTH

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BLOOD ASSURANCE, INC. FRANKLIN DONOR CENTER	This Is To Certify, that a license is hereby granted by the Tennessee Departme
	Tennessee
	Department .
	E E
	Health to.

Ownership Type Hedical Laboratory Director_ To conduct and maintain a Medical Laboratory in the Specialty (ies) of: CORPORATION ELIZABETH CULLER, M.D.

HEMOGLOBIN
BLOOD BANK DONOR CENTER

In the premises located at_	The hiemises located at 600 A FRAZIER DR STE 110, FRANKLIN, TN 37067-4670
Buntu d	WILLIAMSON
This license shall expire	MAY 31 2024
	This license shall be displayed in a conspicuous place where it may be viewed by the public.
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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 The holder of this license is subject to the provisions of F. G. P. Dection 68-29-111 and

In Ohiness Othereof, we have hereunts set our hand and seal of the State this 9TH day of MARCH

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By Shriph Hidson's MT (ASC)

CF007

CHAIRMAN, MEDICAL LABORATORY BOARD

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COMMISSIONER, DEPARTMENT OF HEALTH