



**State of Tennessee**

**Department of Health**

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

**BLOOD ASSURANCE, INC -WEST END DBA OURCEL SOLUTIONS**

Medical Laboratory Director: **ELIZABETH CULLER, M.D.**

Ownership Type: **CORPORATION**

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

**BLOOD BANK DONOR CENTER**

On the premises located at **2817 WEST END AVE, SUITE 200, NASHVILLE, TN 37203**  
County of **DAVIDSON, TN.**

This license shall expire **November 30, 2026.**

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. 68-29-111 and regulations thereto. This license shall not be assignable or transferrable, 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 4th day of September, 2025.

**TENNESSEE DEPARTMENT OF HEALTH**

*John R. Dunn*

Commissioner, Dept. of Health

*Jennifer L. Putnam, Esq.*

Assistant Commissioner, Health Licensure and Regulation

