

State of Tennessee



License No. 000003254

DEPARTMENT OF HEALTH

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

MARSH REGIONAL BLOOD CENTER

Medical Laboratory Director PETER F. GALE, MD

Owner CORPORATION

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

PH
BACTERIOLOGY (LIMITED)
HEMATOLOGY
ABO GROUP & RH TYPE

On the premises located at 111 WEST STONE DRIVE SUITE 300, KINGSPORT, TN 37660-6029

County of SULLIVAN

This license shall expire FEBRUARY 28 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 25TH *day of* FEBRUARY 2016

By Rosemarie Otto
DIRECTOR, HEALTH RELATED BOARDS

By Cheryl K. Armet SCT(ASCP)
CHAIRMAN, MEDICAL LABORATORY BOARD

By [Signature]
COMMISSIONER, DEPARTMENT OF HEALTH

