

State of Tennessee



DEPARTMENT OF HEALTH

License No. 0000004339

This is to certify, that a license is hereby granted by the Tennessee Department of Health to:
BLOOD ASSURANCE, INC. COLUMBIA DONOR CENTER

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

Corporation CORPORATION

To conduct and maintain a Medical Laboratory in the Specialty (ies) of:
HEMOGLOBIN
BLOOD BANK DONOR CENTER

The premises located at 1412 TROTWOOD AVE STE 69, COLUMBIA, TN 38401-4984

County of MAURY

This license shall expire APRIL 30 2025.

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 61-29-11 and regulations thereon. 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 20TH day of FEBRUARY 2024.

By Yvonne J. Patterson Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By Jeffrey Williams M.D. (ASCP)
CHAIRMAN, MEDICAL LABORATORY BOARD

COMMISSIONER, DEPARTMENT OF HEALTH

