

State of Tennessee



License No. 000002283

DEPARTMENT OF HEALTH

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

KNOXVILLE REGIONAL LABORATORY-TENNESSEE DEPT. OF HEALTH

Medical Laboratory Director DAVID L. SMALLEY, PH.D.

Owner STATE

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

BACTERIOLOGY
VIROLOGY
SYPHILIS SEROLOGY
GENERAL IMMUNOLOGY

On the premises located at 2101 MEDICAL CENTER WAY, KNOXVILLE, TN 37920-3257

Country of KNOX

This license shall expire MARCH 31 2012

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 29TH *day of* SEPTEMBER 2011

By *Norman Coome*
CHAIRMAN, MEDICAL LABORATORY BOARD

By *Yvonne J. Dineen*
DIRECTOR, HEALTH RELATED BOARDS





STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243
tennessee.gov/health

MEMORANDUM

DATE:

October 21, 2011

TO:

Medical Laboratory Director

RE:

Clinical Laboratory / Collection Stations

State License # 2283

SUBJECT:

- Change in Facility License per Survey Recommendation
 Change in Facility License per Facility Notification
 Nomenclature Change

FACILITY TYPE:

Clinical Laboratory Collection Station

Enclosed is the corrected laboratory license in response to either an on-site survey conducted by the Regional Office Surveyor from your area or written correspondence from this facility received in this office relative to changes on the face of this state license.

This corrected license reflects a change of:

- | | |
|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Ownership |
| <input type="checkbox"/> Address | <input type="checkbox"/> Nomenclature |
| <input checked="" type="checkbox"/> Medical Laboratory Director | <input type="checkbox"/> Clinical Specialty |
| | (Addition or Deletion) |

NO License issued:

Medical Laboratory Supervisor Test Menu

This updated license represents the most current information in the facility file and MUST replace the laboratory license currently in your possession.

Please return the license issued earlier this year. You may use the address on this letterhead.

Should you have any questions, you can contact the office toll free 1-800-778-4123 ext. 2-5126. Thank you.

enc:

cc: Surveyor, ETRO MTRO WTRO