

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-TN DEPT. OF HEALTH

Medical Laboratory Director KARA J LEVINSON PHD, INTRM

Ownership Type STATE

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

VIROLOGY
BACTERIOLOGY
SYPHILIS SEROLOGY
GENERAL IMMUNOLOGY

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

County of KNOX

This license shall expire MARCH 31 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 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 11TH *day of* APRIL 2024.

By Jennifer L. Putnam Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By Jennifer Dickson MT (ASCP)
CHAIRMAN, MEDICAL LABORATORY BOARD

By [Signature]
COMMISSIONER, DEPARTMENT OF HEALTH

