



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA
CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

FLORIDA BLOOD SERVICES

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

1214 NORTH PETERSON AVENUE, SUITE N; DOUGLAS, GA 31533

(Address)

named as

SOUTHEASTERN COMMUNITY BLOOD CENTER

(Name of Facility)

Pursuant to the terms of the Georgia Clinical Laboratory Licensure Law (Georgia Laws of 1970, p. 531 as amended), the above names facility is hereby licensed to function as a clinical laboratory, at address shown, for purposes of performing tests in the following categories or subcategories of procedures:

IMMUNOHEMATOLOGY- PHERESIS, DONOR SERVICES, STORAGE

This license is effective through **February 28, 2011**, based on the laboratory's compliance status at date of regular issue, but is subject to revocation, suspension, or limitations for violations of the Act or the Regulations promulgated there-under. This license is not transferable and must be displayed in a prominent place.

Laboratory Director: **STEPHEN SGAN**

License number: **034-003**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION



Doug Colburn, Division Chief