



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to WALTER L. SHEPEARD COMMUNITY BLOOD CENTER, INC.
(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at 1533 WRIGHTSBORO ROAD; AUGUSTA, GA 30904
(Address)

named as WALTER L SHEPEARD 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- GROUP, TYPE, ANTIBODY SCREEN, IDENTIFICATION, PHERESIS, COMPONENTS, DONOR SERVICES, STORAGE
CLINICAL IMMUNOLOGY AND SEROLOGY- SYPHILIS, VIRAL SEROLOGY
SPECIMEN COLLECTION STATIONS- SHEPEARD COMMUNITY BLOOD CENTE, 4329 WASHINGTON RD EVANS, GA, 353 FABIAN DR. AIKEN, SC, 1533 WRIGHTSBORO RD AUGUSTA
OTHER- NAT, AUTO/DIRECT GENERAL

This license is effective through May 31, 2017, 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: JAMES SHIKLE

License number: 121-018

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief