



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

## STATE OF GEORGIA CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

WALTER L. SHEPARD 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 SHEPARD 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, (AUTO/DIRECT) GENERAL
- CLINICAL IMMUNOLOGY AND SEROLOGY- SYPHILIS, HIV (SCREEN / CONFIRMATION)
- SPECIMEN COLLECTION STATIONS- SHEPARD COMMUNITY BLOOD CENTE, 4329 WASHINGTON RD EVANS, GA, 353 FABIAN DR. AIKEN, SC, 1533 WRIGHTSBORO RD AUGUSTA
- OTHER- NAT, MULTIPLEX

This license is effective through **May 31, 2018**, 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