



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
(AUTO/DIRECT) GENERAL

SPECIMEN COLLECTION STATIONS- 4329 WASHINGTON RD EVANS, GA, 353 FABIAN DR. AIKEN, SC, 1533 WRIGHTSBORO RD AUGUSTA

This license is effective May 31, 2019 and remains in effect unless revoked or suspended. This permit is granted pursuant to the authority vest in the Department of Community Health, official code of Georgia, Title 31, Chapter 5, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued.

Laboratory Director: JAMES SHIKLE

License number: 121-018

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

This license is not transferable

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief