

# State of Tennessee



License No. 000002099

## DEPARTMENT OF HEALTH

*This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to:*

NORTHCREST MEDICAL CENTER LABORATORY

*Medical Laboratory Director* JACK T. PEARSON, M.D.

*Owner* CORPORATION

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

PH/BLOOD GASES  
KOH  
HISTOPATHOLOGY-LIMITED TO FROZEN SECTIONS  
WET PREP  
VIROLOGY

GENERAL IMMUNOLOGY  
MYCOBACTERIOLOGY  
ENDOCRINOLOGY  
TOXICOLOGY  
BACTERIOLOGY

CLINICAL CHEMISTRY  
URINALYSIS  
HEMATOLOGY  
IMMUNOHEMATOLOGY

*On the premises located at* 100 NORTHCREST DRIVE, SPRINGFIELD, TN 37172-3961

*County of* ROBERTSON

*This license shall expire* APRIL 30 2018

*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* 1ST *day of* MAY 2017.

*By* Roemarie Otto  
DIRECTOR, HEALTH RELATED BOARDS

*By* Patti A. Walter MHA, MT (ASCP)  
CHAIRMAN, MEDICAL LABORATORY BOARD

*By* [Signature]  
COMMISSIONER, DEPARTMENT OF HEALTH

