CLINICAL LABORATORY PERMIT

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 21177A

Name and Director of Laboratory:

DIALYSIS CLINIC, INC
GRAVES SCOTT HALL
2917 FOSTER CREIGHTON DRIVE
NASHVILLE, TN 37204

Owner:

DIALYSIS CLINIC, INC

ISSUE DATE: August 15, 2016

DATE EXPIRES: August 15, 2017

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
URINALYSIS

Karen M. Murphy, PhD, RN

Karen M. Murphy Ph.D. RN
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY
This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.