



MEMORANDUM

To: Medical Laboratory Director, Manager, or Supervisor
From: Tennessee Medical Laboratory Board – Administrative Office
Re: Facility License

Enclosed is the facility license for this clinical laboratory facility, independent laboratory, plasmapheresis center, blood bank/donor center, ambulatory surgical treatment center, or collection station.

Examine it carefully for any errors and if the license is incorrect please notify the administrative office. The clinical specialties on the face of the license reflects the last on-site survey report submitted to this office from the state's regional surveyors.

Please post license for public view.

Do not forget any change in ownership, medical director or location of this facility requires notification to this office and the completion of Fee Change Form and submission of required fee made payable to the State of Tennessee.

A change in medical director requires a copy of the individual's boarding credentialing. Ph.D.'s MUST possess a current license issued by the Tennessee Medical Laboratory Board in the appropriate specialty category in order to be a laboratory director.

Any changes in medical laboratory director, facility location, supervisor, or laboratory specialties must be reported to the administrative office a minimum of fifteen (15) days BEFORE the event.

If you have any questions, please contact the administrative office toll free at 1-800-778-4123 or locally 615-532-1945.

Thank you.

State of Tennessee



License No. 0000002249

DEPARTMENT OF HEALTH

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

MEMORIAL HOSPITAL HIXSON

Medical Laboratory Director PAUL A KAPLAN D.O.

Ownership Type CORPORATION

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

BACTERIOLOGY
TOXICOLOGY
ABO GROUP & RH TYPE
ANTIBODY DETECTION TRANSFUSION
COMPATIBILITY TESTING

ANTIBODY DETECTION NONTRANSFUSION
PATHOLOGY (FROZEN SECTIONS)
KOH & WET PREPS
GENERAL IMMUNOLOGY
CLINICAL CHEMISTRY

URINALYSIS
HEMATOLOGY
HCG PREGNANCY TEST
PH/BLOOD GASES
STREPTOCOCCUS A ANTIGEN SCREEN

On the premises located at 2051 HAMILL ROAD, HIXSON, TN 37343-4026

County of HAMILTON

This license shall expire MARCH 31 2024

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 15TH *day of* FEBRUARY 2023

By
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By
CHAIRMAN, MEDICAL LABORATORY BOARD

By
COMMISSIONER, DEPARTMENT OF HEALTH

