

Alabama

Certificate # 18808

State Board of Health

*This is to certify that a license is hereby granted by the State Board of Health to*  
**LIFESOUTH COMMUNITY BLOOD CENTERS, INC.**

*to operate*

**LIFESOUTH COMMUNITY BLOOD CENTERS - SHOALS REGION**

*as an*

**INDEPENDENT CLINICAL LABORATORY**

*This license is valid for the following location*

**1208 SOUTH JACKSON HIGHWAY • SHEFFIELD, AL 35660**



**L1715**

Facility Identification

**2018**

This License shall expire December 31, 2018.

Scott Harris, M.D.  
Acting State Health Officer