



*State of Rhode Island*  
**DEPARTMENT OF HEALTH**  
*Center for Health Facilities Regulation*

*This is to certify that MEMORIAL BLOOD CENTERS*  
**737 PELHAM BOULEVARD SAINT PAUL MN 55114**  
*License Number: LCO01342*

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

APPROVED SPECIALTY (IES)

*MICROBIOLOGY, Bacteriology, Virology, DIAGNOSTIC IMMUNOLOGY, Syphilis Serology, General Immunology, IMMUNOHEMATOLOGY, ABO Group/Rh Type, Antibody Det. Transfusion, Antibody Det. Non-Transfusion, Antibody Ident., Compat. Testing,*

***Expires: 12/30/2027***

***Issued: 12/12/2019***

**License Owner: NEW YORK BLOOD CENTER INC- Corporation**

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SAINT PAUL MN 55114