STATE OF LOUISIANA

ANNUAL

Louisiana Department of Health / Office of Public Health

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

Print Date 07/18/2023 Expires on 06/30/2024

PERMIT TO OPERATE

PERMIT NUMBER: 28-0002048

Type of Operation: Drug Manufacturer

Description:

Human Blood / ANNUAL

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.

Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

ISSUED TO/NOT TRANSFERABLE

LIFESHARE BLOOD CENTER 8910 LINWOOD AVE SHREVEPORT LA 71106

LIFESHARE BLOOD CENTER 2865 AMBASSADOR CAFFERY LAFAYETTE LA 70506

> JOSEPH KANTER, M.D. STATE HEALTH OFFICER

STATE OF LOUISIANA

LHS-16B (R 9/22)

ANNUAL

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628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

Print Date 07/18/2023

Expires on 06/30/2024

PERMIT TO OPERATE 2024

PERMIT NUMBER:

28-0002048

Type of Operation: Drug

Human Blood / ANNUAL

This is to certify that the Duisiana Department of Health in accordance with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.

Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

ISSUED TO/NOT TRANSFERABLE

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LIFESHARE BLOOD CENTER 2865 AMBASSADOR CAFFERY LAFAYETTE LA 70506

DUPLICATE

JOSEPH KANTER, M.D. STATE HEALTH OFFICER

FOR YOUR INFORMATION Please post in a conspicuous place.

It is the responsibility of the permit holder to notify the appropriate Parish/Parish Manager of any changes regarding the above permitted establishment.

Please include the permit number of the establishment with any and all correspondence.