

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY
State Office Bldg. Annex Third Floor Suite 300
125 Holmes Street
Frankfort, Kentucky 40601

LICENSE / PERMIT:

Wholesale Distributor License

NUMBER:

W01861

Issued to:

PIC:

EFFECTIVE DATE:

12/15/2005

EXPIRATION DATE:

09/30/2016

HOXWORTH BLOOD CENTER UNIVERSITY OF
CINCINNATI MED CENTER
3130 HIGHLAND AVENUE
CINCINNATI, OH 45267-

ISSUED PURSUANT TO KRS CHAPTER 315

MUST BE CONSPICUOUSLY DISPLAYED

KENTUCKY BOARD OF PHARMACY
PHARMACIST ID



LICENSE NUMBER:

Not Applicable

(Not valid unless signed)

Pursuant to KRS 315.

Expires:

CUT HERE

CUT HERE

MAILING ADDRESS