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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

Marvin H. Dukes, III, Circuit Court Judge

Circuit Court Case No. 2023-CP-10-00914 and
Appellate Case No. 2025-000941

Lisa Renee Sample,.....Appellant,

v.

Blood Connection, Inc., and Delisha K. English, Defendants,
of which Blood Connection, Inc.,.....Respondent.

FINAL BRIEF OF RESPONDENT THE BLOOD CONNECTION, INC.

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STATEMENT OF THE ISSUES ON APPEAL

1. The circuit court properly determined that there exist no genuine issues of material fact as to when the statute of limitations began to run and Respondent is entitled to judgment as a matter of law.
2. The circuit court properly denied the Appellant's motion to reconsider, because South Carolina's expert affidavit requirement does not require the expert to specify causation.

STATEMENT OF THE CASE

This case arises out of a medical malpractice action. Lisa Renee Sample ("Appellant") alleged that she suffered nerve injuries after an attempted blood donation at one of The Blood Connection, Inc.'s ("Respondent") mobile units. Appellant sued Respondent for negligence/gross negligence, negligent hiring, negligent training, and negligent supervision.

By way of procedural history, Appellant simultaneously filed a Notice of Intent and Complaint against Respondent on February 22, 2023, in the Court of Common Pleas of Charleston County. (R. pp. 15-27). Respondent timely filed an Answer. (R. pp. 28-31). The parties engaged in written discovery and Respondent took the deposition of Appellant. On August 14, 2024, Respondent filed a Motion for Summary Judgment, arguing that Appellant failed to timely initiate her action within the applicable statute of limitations. (R. pp. 32-33). Respondent filed a memorandum in support of the Motion for Summary Judgment on November 26, 2024. (R. pp. 34-41). Appellant filed a memorandum in opposition on December 3, 2024. (R. pp. 146-149).

The Respondent's Motion for Summary Judgment was heard by Judge Marvin H. Dukes III on December 3, 2024. Judge Dukes subsequently and appropriately granted Respondent's Motion for Summary Judgment by way of an order filed on January 27, 2025. (R. pp. 1-8). In the order, the trial court concluded, amongst other findings, that the applicable statute of limitations was three years, that the statute of limitations began on January 2, 2020, and thus, Appellant's

commencement of the action on February 22, 2023, was untimely and summary judgment was granted in favor of Respondent. *Id.* Appellant filed a Motion to Reconsider which was appropriately denied. (R. pp.161-169; pp. 9-14). This appeal followed by filing of a notice of appeal on January 27, 2025.

STATEMENT OF FACTS

Appellant attempted to donate blood in one of Respondent’s mobile blood donation units located in Charleston County, South Carolina on January 2, 2020.¹ Appellant testified that she entered the mobile unit and described the environment as “chaotic,” and it appeared as if “they were behind or didn’t have enough people.” (R. p. 74, lines 3-11). Appellant immediately felt “on guard.” *Id.* Indeed, Appellant testified that the phlebotomist performing her blood draw questioned out loud something to the effect of “do I put the needle in first or the clamp on first [?]” *Id.* The phlebotomist then drove the needle in “really, really hard,” with no “finesse,” as one expects from a phlebotomist. (R. p. 74, lines 12-14). Appellant described her immediate pain and the phlebotomists’ reactions as follows:

And immediately I felt a sharp pain that went down into my right hand, like a really, really cold sensation, burning cold sensation, and then numbness. And I said, something's not right, something's not right, please take it out. And so she called over the manager, who was the African American woman, who explained to me that something was awry. And she said, I'm going to remove the needle and more than likely you're going to have a hematoma. And I did. And then I sat there for awhile. They asked me if I wanted to give blood on the other arm. I said, no, thanks, and that was it and I left. I think they put like a Cold Pack on my arm or something to kind of reduce the swelling.

¹ Although Appellant pled in her Complaint that the attempted blood donation occurred “in the latter part of February of 2020,” it has been confirmed in discovery, and conceded by Appellant, that the subject donation took place on January 2, 2020. (R. p. 24, ¶ 9; Appellant’s Initial Brief, p. 4).

(R. p. 74, lines 14-25-p. 75, lines 1-4). Further, Appellant verified in her deposition that her following written response to Respondent's Interrogatories was a correct summary of her experience:

As the young phlebotomist was readying herself to perform the blood draw, she turned to a supervisor and asked if the supervisor how to perform *[sic]* the blood draw, and whether or not she should put the needle in first, or whether she should put the clamp on first. *Immediately upon the insertion, Plaintiff felt instantaneous pain, and the sensation that a nerve had been hit.* Her arm *immediately* began to turn blue. The young phlebotomist *called out urgently for a supervisor to come help her.* At that time a supervisor *immediately came and removed the needle from Plaintiff's arm.*

At that time, the supervisor tried to comfort the Plaintiff *due to her intense pain* and told the Plaintiff that when she removed the needle it was likely that Plaintiff would have a large hematoma. *Plaintiff was in shock and shaking.* Plaintiff recalls that the phlebotomist on duty attempted to treat her with ice and bandages. Plaintiff does recall that she was then asked if she would like to continue her blood donation using her other non-injured arm, and she declined to do so.

At the time Plaintiff left the Defendant Blood Connection's mobile bloodmobile, she was having severe pain and her arm was turning blue, with bruising. Plaintiff noticed *almost immediate weakness and numbness* in her right arm *in the hours following the attempted blood draw* and insertion of the needle into her arm.

(R. pp. 140-141, No. 17 (emphasis added)); (R. p. 77, lines 18-20). Appellant had donated blood before, and she knew that the pain she just felt was greater than a normal donation. (R. p. 79, lines 13-16). Appellant immediately suspected that she had experienced "some type of injury from the insertion of the needle." (R. p. 81, lines 11-14). Indeed, Appellant had a "golf ball kind of size swollen area where they pulled the needle out[.]" (R. p. 83, lines 17-19). Although the phlebotomist stated that the swollen area was normal "based on what had occurred," Appellant could tell that "this was probably an abnormal incident." (R. p. 83, lines 17-20 and lines 7-9). Appellant then went home that same evening and told her fiancé about the "crazy story" of her blood donation that day. (R. p. 92, lines 6-13).

The bruising lasted a few days, and Appellant started experiencing intermittent tingling in her right hand approximately “a couple of months” later. (R. pp. 86-88). However, Appellant testified that she experienced intermittent numbness in her right arm and hand since the donation itself:

Q. But you've also experienced some numbness in your right extremity?

A. Yes.

...

Q. And then you've also had some numbness?

A. Yes.

Q. And has that numbness been since the time of your donation?

A. Yes.

Q. And where is that numbness located?

A. The numbness started in my arm and into my hand.

Q. And you just touched your forearm, so maybe from your elbow along your forearm into your hand?

A. Yes.

Q. Has that been constant or intermittent?

A. Intermittent.

(R. p. 87, lines 20-22-p. 88, lines 12-25 (emphasis added)). Appellant had never experienced these symptoms until the donation itself, but from that point forward, she had intermittent symptoms. (R. p. 113, lines 20-25).

Appellant subsequently sought medical treatment at multiple healthcare facilities and received several diagnoses related to an alleged ulnar nerve injury. (R. p. 26, ¶ 14). Her medical

records consistently note that she reported to her physicians that her symptomology dated from her donation on January 2, 2020. (R. pp. 150-153). Appellant’s treating physician, Dr. Thomas Appleby, documented that “[s]he dates all of her symptoms to 01/2020 when she was giving blood at a blood drive outside her workout facility.” (R. p. 158).

Appellant filed a Notice of Intent and Complaint simultaneously on February 22, 2023, which is three years and fifty-one days after her donation and injury on January 2, 2020. Appellant simultaneously filed an expert affidavit pursuant to S.C. Code § 15-79-125. Appellant’s expert was a phlebotomist—not a physician—who identified several alleged standard of care violations by the phlebotomist who performed the venipuncture. (R. pp. 18-21).

Both parties agreed that the applicable statute of limitations for all of Appellant’s claims is three years and that Appellant filed her lawsuit on February 22, 2023. Appellant’s Initial Brief, p. 7. However, the parties disagreed when the statute of limitations began. Respondent filed a Motion for Summary Judgment and Memorandum in Support, and Appellant filed briefing in response. (R. pp. 32-41, pp. 146-149).

The trial court held a hearing on Respondent’s Motion for Summary Judgment on December 3, 2024. Counsel for Ms. Sample never made any argument related to their ability to obtain an expert affidavit for the notice of intent in their briefing in opposition to summary judgment. Nor did Ms. Sample’s counsel raise the issue at oral argument. (See generally Transcript of Summary Judgment Hearing) (R. pp. 195-213).

The trial court granted Respondent’s Motion for Summary Judgment in an Order on January 27, 2025. In its Order, the trial court agreed with Respondent that the statute began on January 2, 2020, the day of the donation. Appellant filed a Motion to Reconsider on January 31, 2025, arguing, for the first time, that she was unable to file a notice of intent without an expert medical diagnosis

linking the phlebotomy to her damages. (R. pp. 161-168). The trial court denied Appellant's Motion to Reconsider. (R. pp. 9-14). This appeal followed.

STANDARD OF REVIEW

When reviewing the grant of a summary judgment motion, appellate courts apply the same standard that governs the trial court under Rule 56(c), SCRPC, which provides that summary judgment is proper when there is no genuine issue as to any material fact and the moving party is entitled to judgment as a matter of law. Rule 56(c), SCRPC; Helms Realty, Inc. v. Gibson-Wall Co., 363 S.C. 334, 340, 611 S.E.2d 485, 488 (2005); Fleming v. Rose, 350 S.C. 488, 493, 567 S.E.2d 857, 860 (2002). On appeal from an order granting summary judgment, the appellate court will review all ambiguities, conclusions, and inferences arising in and from the evidence in a light most favorable to the non-moving party below. Willis v. Wu, 362 S.C. 146, 151, 607 S.E.2d 63, 65 (2004); USAA Prop. & Cas. Ins. Co. v. Clegg, 377 S.C. 643, 653, 661 S.E.2d 791, 796 (2008).

“The plain language of Rule 56(c), *South Carolina Rules of Civil Procedure*, mandates the entry of summary judgment, after adequate time for discovery against a party who fails to make a showing sufficient to establish the existence of an element essential to the party's case and on which that party will bear the burden of proof at trial.” Boone v. Sunbelt Newspapers, Inc., 347 S.C. 571, 579, 556 S.E.2d 732, 736 (Ct. App. 2001); Baughman v. American Tel. and Tel. Co., 306 S.C. 101, 410 S.E.2d at 545-46 (1991).

“When the circuit court grants summary judgment on a question of law, [this Court] review[s] the ruling de novo.” Vista Del Mar Condo. Ass'n v. Vista Del Mar Condominiums, LLC, 441 S.C. 223, 232, 892 S.E.2d 532, 537 (Ct. App. 2023). “In determining whether any triable issue of fact exists, the evidence and all inferences which can reasonably be drawn therefrom must be viewed in the light most favorable to the nonmoving party.” Stoneledge at Lake Keowee Owners' Ass'n, Inc. v. Clear View Const., LLC, 413 S.C. 615, 620, 776 S.E.2d 426, 429 (Ct. App. 2015). “However, it is not sufficient for a party to create an inference that is not reasonable or an

issue of fact that is not genuine.” Id., quoting Town of Hollywood v. Floyd, 403 S.C. 466, 477, 744 S.E.2d 161, 166 (2013).

ARGUMENT

I. THE CIRCUIT COURT PROPERLY DETERMINED THAT THE STATUTE OF LIMITATIONS STARTED ON JANUARY 2, 2020 AS A MATTER OF LAW.

The circuit court correctly granted summary judgment in favor of the Respondent because Ms. Sample was aware of her injury and on notice of a potential claim against Respondent on the day of her attempted blood donation on January 2, 2020.

Appellant alleged that Respondent was negligent and failed to comply with the standard of care by: (1) failing to establish and follow proper protocol for the performance of venipuncture; (2) failing to identify a suitable vein to withstand a 16 to 18 needle leading to IV infiltration into the skin tissues; (3) failing and omitting to insert the needle into the preferred site pursuant to the appropriate standard of care; (4) failing and omitting to take such caution and care in administering the venipuncture to avoid striking or puncturing arteries and nerves; (5) failing to properly inspect, monitor, and reposition the needle; and (6) failing and neglecting to insert the bevel of the needle in all the way or causing the needle to puncture the vein, among other allegations. (R. p. 25, ¶ 13). Regarding the applicable statute of limitations, South Carolina Code Section 15-3-545(A) provides:

[I]n any action ... to recover damages for injury to the person arising out of the medical, surgical, or dental treatment, omission, or operation by any licensed health care provider as defined in Article 5, Title 38 acting within the scope of his profession *must be commenced within three years* from the date of treatment, omission, or operation giving rise to the cause of action or three years from the date of discovery or when it reasonably ought to have been discovered, not to exceed six years from date of occurrence, or as tolled by this section.

S.C. Code Ann. § 15-3-535(A) (emphasis added). Here, the trial court calculated the three-year statute of limitations from the date of the attempted donation giving rise to this cause of action. However,

even when the three-year statute of limitations is calculated by the “date of discovery,” the outcome is the same.

Under the discovery rule, the statute begins to run when “the facts and circumstances of an injury would put a person of common knowledge and experience on notice that some right of his has been invaded or that some claim against another party might exist.” McMaster v. Dewitt, 411 S.C. 138, 145 (Ct. App. 2014) (citing Knox v. Greenville Hosp. Sys., 362 S.C. 566, 570 (Ct. App. 2005)). “If, on the date of injury, a plaintiff knows or should know he had some claim against someone else, the statute of limitations begins to run for all claims based on that injury.” Wiggins v. Edwards, 314 S.C. 126, 128 (1994). “The important date under the discovery rule is the date that the plaintiff discovers the injury, not the date of the discovery of the identity of an alleged wrongdoer.” Id. “The statute of limitations begins to run from this point and *not when advice of counsel is sought or a full-blown theory of recovery developed.*” Id. (citing Snell v. Columbia Gun Exchange, Inc., 267 S.C. 301, 303 (1981) (emphasis added)).

Knox is particularly instructive as it involved alleged nerve injuries that occurred after a needle was allegedly improperly inserted into the wrist of the plaintiff. (Knox, 362 S.C. at 568-569). The Knox Court held that the date of discovery was on the date of the needle insertion itself, because the plaintiff, in response to the needle insertion, “screamed,” “squealed and hollered,” and his “whole hand jumped up . . . in [his] fingers.” (Id. at 571). Indeed, the plaintiff in Knox knew something was “different” about this insertion because of the pain and reaction he had, and he informed relatives that same day that he was experiencing pain and that the “doctor” hit a nerve. Id. Accordingly, the Knox Court held that the “exercise of reasonable diligence under these facts ‘would put a person of common knowledge and experience on notice that some right of his has been invaded or that some claim against [the Hospital] might exist.’” Id. at 571.

The similarities between Ms. Sample's version of events and the Knox plaintiff are striking. Ms. Sample has reiterated time and time again in her medical records, pleadings, written discovery, and deposition testimony that she was aware a right had been invaded of hers on the day of her donation. Ms. Sample could not have been more specific about her reaction and thought process immediately after the attempted donation. A non-exhaustive list of her admissions include that she thought the environment was chaotic, that she felt abnormal pain immediately upon insertion of the needle, that she thought a nerve had been hit, that she was in shock and shaking, that a supervisor was called over to help, that her arm was turning blue and bruising, that she noticed immediate weakness and numbness in her right arm, that she had a golf ball size swollen area where the needle was pulled out, and that she knew what happened was an abnormal incident. (R. pp. 74-87-p. 113) (R. pp. 140-141, No. 17).

Appellant attempts to downplay Ms. Sample's testimony by pointing to a portion of her deposition transcript where she states that the supervisor told her that her golf ball sized hematoma was "normal based on what had occurred." See Appellant's Initial Brief, p. 14. However, a reading of Ms. Sample's testimony clearly demonstrates that the "what had occurred" portion of that statement is in reference to what she knew was an "*abnormal incident.*" (R. p. 83, lines 17-20 and lines 7-9) (emphasis added). In other words, Ms. Sample understood that the golf ball sized swollen area on her arm was an expected reaction to an abnormal needle insertion. No reasonable interpretation of Ms. Sample's testimony would result in the conclusion that she thought what happened to her was normal or expected. Moreover, Ms. Sample went home that evening and felt compelled to tell her fiancé the "crazy story" that happened to her that day. (R. p. 92, lines 6-13).

Appellant argues that Ms. Sample was not on notice until what her counsel refers to as an official diagnosis on May 24, 2021, but this is simply not what the discovery rule allows for.

Importantly, the very medical records Appellant relies on include numerous reports by Ms. Sample *to her medical providers* where she dates all of her symptoms back to the mechanics of her blood donation on January 2, 2020. (R. pp. 150-154-pp. 158-160). This stands in stark contrast to the plaintiff in Chabek v. AnMed Health, 442 S.C. 61, 897 S.E.2d 58 (Ct. App. 2023). Chabek involved a plaintiff's complaint of postoperative pain after complicated neurosurgery. Id. at 66. Accordingly, the Appellate Court noted that pain following such surgery is not surprising, and that the plaintiff's trouble with pain management in the timeframe following her surgery would not put her on notice of a claim. Id. at 73. Unlike in Chabek, here, Ms. Sample has stated time and time again that she was fully aware that her attempted blood donation experience was abnormal for a multitude of reasons. Indeed, she testified that she knew that the pain she felt was greater than a normal donation, and she felt the sensation "that a nerve had been hit." (R. p. 79, lines 13-16) (R. pp. 140-141, No. 17). These facts and circumstances surrounding Ms. Sample's injury that occurred on January 2, 2020 put her on notice that some right of hers had been invaded.

Since the inception of this lawsuit, Ms. Sample has emphatically endorsed that she was aware something went wrong on the day of her donation. Under South Carolina law, Ms. Sample was on notice on January 2, 2020 that she might have a potential claim. Therefore, summary judgment was appropriately granted in favor of Respondent.

II. THE CIRCUIT COURT PROPERLY DENIED APPELLANT'S MOTION TO RECONSIDER BECAUSE S.C. CODE § 15-36-100(B) REQUIRES ONLY THAT THE EXPERT AFFIDAVIT SPECIFY A STANDARD OF CARE DEVIATION AND NOT CAUSATION.

In her motion to reconsider and initial brief, Appellant argues that she could not file her lawsuit until she had her diagnosis from Dr. Appleby. Specifically, she contends that S.C. Code § 15-79-125(A) requires that a plaintiff must file an expert affidavit for a medical malpractice action that specifies "at least one example of how the defendant's negligence resulted in harm to the

patient,” and that the affidavit must attest “to a particular breach of care that proximately caused her particular damages.” See Appellant’s Initial Brief, p. 16. In other words, Appellant contends that the expert affidavit is required to speak to standard of care violations and causation. This is incorrect.

S.C. Code § 15-79-125(A) refers to S.C. Code § 15-36-100 to define the requirements of the expert affidavit. S.C. Code § 15-36-100(B) provides that the expert affidavit must include “at least one negligent act or omission claimed to exist and the factual basis for each claim based on the available evidence at the time of the filing of the affidavit.” It does *not* provide that the expert affidavit speak to causation. The Supreme Court of South Carolina confirmed this in Grier v. AMISUB of S.C., Inc., 397 S.C. 532, (2012). “In our opinion, the language that the affidavit must ‘specify at least one negligent act or omission’ encompasses only the breach element of a common law negligence claim and not causation. Thus, the statute limits its requirement for the affidavit to only breach.” Id. at 537. The “plain and unambiguous language of the statute forecloses any argument that the affidavit contain a proximate cause opinion.” Id. 538.

Moreover, Ms. Sample’s expert affidavit that was filed with her Notice of Intent was authored by a phlebotomist—not by a physician who makes diagnoses, and certainly not by Dr. Appleby. (R. pp. 18-21).

Appellant is advocating to fundamentally change how the statute of limitations works in medical malpractice actions. Under Appellant’s new diagnosis rule, a plaintiff could be on notice of a claim as soon as the injury occurs, report the injury and its suspected etiology to multiple medical providers, but then wait until she gets the documented “diagnosis” that she wants for the statute to begin. Moreover, the exact diagnosis and severity of a diagnosis is often in dispute in medical malpractice actions. In those cases where the kind of diagnosis is in dispute, how would

one ever calculate the statute of limitations? “The date on which discovery should have been made is an objective, not subjective, question.” Joubert v. S.C. Dep’t of Soc. Servs., 341 S.C. 176, 191 (Ct. App. 2000) (citing Kreutner v. David, 320 S.C. 283, 465 S.E.2d 88 (1995)). The test is not whether the plaintiff “actually knew [s]he had a claim,” but it is when the “circumstances of the case would put a person of common knowledge and experience on notice that some right of [hers] has been invaded, or that some claim against another party might exist.” Id. Ms. Sample was on notice that a right of hers had been invaded on January 2, 2020, and she was on notice that a claim against The Blood Connection, Inc. might exist.

In sum, the Circuit Court rightly concluded that Appellant failed to produce evidence or testimony that created a genuine issue of fact regarding the date on which the statute of limitations began. As such, summary judgment was appropriate.

CONCLUSION

For the reasons stated above, this Court should affirm the trial judge’s rulings granting Respondent’s motion for summary judgment.

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of which Blood Connection, Inc. is the Respondent.

CERTIFICATE OF COUNSEL

The undersigned certifies that the enclosed Final Brief of Respondent The Blood Connection, Inc. complies with Rule 211(b), SCACR.

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PROOF OF SERVICE

I hereby certify that I have served copies of Final Brief of Respondent The Blood Connection, Inc. and Certificate of Counsel on this 19th day of December 2025 by electronic AIS e-mail only as follows:

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RE: Sample v. The Blood Connection
Appellate Case No. 2025-000941

Dear Ms. Kitchings:

Enclosed please find one (1) copy of the Final Brief of Respondent The Blood Connection, Inc., Certificate of Counsel, and Proof of Service. The bound copy was mailed to the court today. USPS Tracking No.: 9405 5501 0579 7014 8336 08.

Please let me know if you have any questions regarding the above.

With kind regards, I am,

Sincerely,

CASSIDY COATES PRICE P.A.

A handwritten signature in cursive script that reads 'Rebecca Pharr'.

Rebecca Pharr, Paralegal to
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