

DEPARTMENT OF HUMAN RESOURCES

STATE OF



GEORGIA

CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

EMORY HEALTHCARE, INC.

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

1364 CLIFTON ROAD NE; ATLANTA, GA 30322

(Address)

named as

EMORY MEDICAL LABORATORY-EMORY UNIVERSITY HOSPITAL

(Name of Facility)

Pursuant to the terms of the Georgia Clinical Laboratory Licensure Law (Georgia Laws of 1970, p. 531 as amended), the above names facility is hereby licensed to function as a clinical laboratory, at address shown, for purposes of performing tests in the following categories or subcategories of procedures:

CLINICAL CHEMISTRY - ROUTINE, URINALYSIS, TOXICOLOGY (MEDICAL), TDM,
HEMATOLOGY
IMMUNOHEMATOLOGY - GROUP, TYPE, CROSSMATCH, ANTIBODY SCREEN, IDENTIFICATION, TRANSFUSION SERVICES, PHERESIS, DONOR SER
(AUTO/DIR), VIROLOGY, HLA TESTING
MICROBIOLOGY - BACT. III, MYCOBACT. III, PARASITOLOGY, VIROLOGY
CLINICAL IMMUNOLOGY AND SEROLOGY - NON-SYPHILIS, VIRAL SEROLOGY, HIV SCREEN (CONFIRMAT)
PATHOLOGY - EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY, ORAL PATHOLOGY, TISSUE BANKING,
CYTOGENETICS
SPECIMEN COLLECTION STATIONS
POINT OF CARE TESTING

This license is effective through December 31, 2007, based on the laboratory's compliance status at date of regular issue, but is subject to revocation, suspension, or limitations for violations of the Act or the Regulations promulgated there-under. This license is not transferable and must be displayed in a prominent place.

Laboratory Director: ANGELA M CALIENDO M.D.

License number: 044-006

BY: OFFICE OF REGULATORY SERVICES

GEORGIA DEPARTMENT OF HUMAN RESOURCES

Handwritten signature of the Issuing Official, appearing to be "Candice Zofnias".

Issuing Official

Handwritten signature of the Interim Director, appearing to be "Shaaron E. Dougherty".

Interim Director, Office of Regulatory Services