



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**STATE OF GEORGIA**  
**CLINICAL LABORATORY LICENSE**

This is to certify that a license is hereby granted to EMORY UNIVERSITY  
(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 HOSP  
(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, COMPONENTS, DONOR SERVICES
- MICROBIOLOGY- BACTERIOLOGY II, MYCOBACTERIOLOGY II, PARASITOLOGY, VIROLOGY
- CLINICAL IMMUNOLOGY AND SEROLOGY- NON-SYPHILIS, VIRAL SEROLOGY, HIV SCREEN
- PATHOLOGY- EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY, ORAL PATHOLOGY
- GENETICS/CYTOGENETICS- (ONCOLOGY)
- TISSUE BANKING-
- SPECIMEN COLLECTION STATIONS- MEDICAL OFFICE TOWER, DEKALB, PERIMETER, FLAT SHOALS, WESLEY WOODS, SMYRNA, NORTH DEKALB & 1525 CLIFTON RO
- OTHER- HLA TESTING


This license is effective through December 31, 2011, 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 CALIENDO

License number: 044-006

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

  
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Doug Colburn, Division Chief