



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**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

**550 PEACHTREE STREET, N.E., STE 1255 D FISHER BLD; ATLANTA, GA 30308**

(Address)

named as

**EMORY UNIVERSITY HOSPITAL MIDTOWN - E M L**

(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, BLOOD GASES / CO-OX TOXICOLOGY (MEDICAL), TDM  
HEMATOLOGY  
IMMUNOHEMATOLOGY- GROUP, TYPE, CROSSMATCH, ANTIBODY SCREEN, IDENTIFICATION, TRANSFUSION SERVICES, STORAGE  
MICROBIOLOGY- BACTERIOLOGY I  
CLINICAL IMMUNOLOGY AND SEROLOGY- SYPHILIS, NON-SYPHILIS, HIV SCREEN  
PATHOLOGY- EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY  
TISSUE BANKING-  
POINT OF CARE TESTING

This license is effective through **March 31, 2012**, 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: **CORINNE FANTZ**

License number: **060-012**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

  
Leslee Pool, Interim Division Chief