



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

**1455 MONTREAL ROAD, ROOM 1106; TUCKER, GA 30084**

(Address)

named as

**EMORY UNIV ORTHOPAEDICS AND SPINE HOSP LABORATORY**

(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),
- HEMATOLOGY
- IMMUNOHEMATOLOGY- GROUP, TYPE, CROSSMATCH, ANTIBODY SCREEN, TRANSFUSION SERVICES, STORAGE,
- MICROBIOLOGY- BACTERIOLOGY I, ,
- CLINICAL IMMUNOLOGY AND SEROLOGY- NON-SYPHILIS,
- TISSUE BANKING-
- POINT OF CARE TESTING- GLUCOSE,

This license is effective through December 31, 2010, 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: 044-155

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Doug Colburn, Division Chief