

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

550 PEACHTREE STREET, N.E., STE 1255 D FISHER BLD; ATLANTA, GA 30365

(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 named 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, 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, 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: CORINNE R FANTZ PH.D.

License number: 060-012

By: OFFICE OF REGULATORY SERVICES

GEORGIA DEPARTMENT OF HUMAN RESOURCES

Handwritten signature of Carol Zafirovas in cursive script.

Issuing Official

Handwritten signature of Sharon E. Dougherty in cursive script.

Director, Office of Regulatory Services