

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
EMORY MEDICAL LAB/CRAWFORD LONG HOSP
550 PEACHTREE STREET NE
ATLANTA, GA 30308

CLIA ID NUMBER
11D0258777

EFFECTIVE DATE
02/28/2023

LABORATORY DIRECTOR
JEANNETTE GUARNER M.D.

EXPIRATION DATE
02/27/2025

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

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If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

| <u>LAB CERTIFICATION (CODE)</u> | <u>EFFECTIVE DATE</u> | <u>LAB CERTIFICATION (CODE)</u> | <u>EFFECTIVE DATE</u> |
|---------------------------------|-----------------------|---------------------------------|-----------------------|
| BACTERIOLOGY (110) | 10/13/1995 | ANTIBODY IDENTIFICATION (540) | 10/13/1995 |
| PARASITOLOGY (130) | 08/30/2000 | COMPATIBILITY TESTING (550) | 10/13/1995 |
| VIROLOGY (140) | 04/30/2019 | HISTOPATHOLOGY (610) | 10/13/1995 |
| SYPHILIS SEROLOGY (210) | 01/31/2003 | CYTOLOGY (630) | 06/13/2003 |
| GENERAL IMMUNOLOGY (220) | 10/13/1995 | | |
| ROUTINE CHEMISTRY (310) | 10/13/1995 | | |
| URINALYSIS (320) | 10/13/1995 | | |
| ENDOCRINOLOGY (330) | 10/13/1995 | | |
| TOXICOLOGY (340) | 04/07/1997 | | |
| HEMATOLOGY (400) | 10/13/1995 | | |
| ABO & RH GROUP (510) | 10/13/1995 | | |
| ANTIBODY TRANSFUSION (520) | 10/13/1995 | | |
| ANTIBODY NON-TRANSFUSION (530) | 10/13/1995 | | |

**FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.**

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ATLANTA, GA 30308

STATE AGENCY ADDRESS AND PHONE NUMBER:

GA DHR/HEALTHCARE FACILITY REGULATION DIV
DIAGNOSTIC SERVICE UNIT/CLIA
2 PEACHTREE ST NW 31-447
ATLANTA, GA 30303-3142
(404)657-5447

LABORATORY MAILING ADDRESS: