

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	3276 BUFORD DRIVE; BUFORD, GA 30519
	(Address)
named as	EMORY MEDICAL LABORATORY AT BUFORD
	(Name of Facility)
	Licensure Law (Georgia Laws of 1970, p. 531 as amended), the above names facility is hereby hown, for purposes of performing tests in the following categories or subcategories of procedures
CLINICAL CHEMISTRY- ROUTINE HEMATOLOGY	
POINT OF CARE TESTING- WHOLE BLOOD, CREATINI	NE
This license is effective through June 30, 2020	
J	, based on the laboratory's compliance status at date of regular issue, but is subject to e Act or the Regulations promulgated there-under. This license is not transferable and must be
displayed in a prominent place.	e Act of the negarations promulgated there-under. This heemse is not transferable and must be
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Laboratory Director: SADAF ILYAS	License number: 067-085
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH	HEALTHCARE FACILITY REGULATION DIVISION
	$\mathcal{W}(\mathcal{A})$
a a	Melanie Simon
	Melanie Simon, Division Chief