

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

**LABORATORY NAME AND ADDRESS**  
EMORY UNIVERSITY ORTHOPAEDICS AND SPIN  
1455 MONTREAL ROAD ROOM 1106  
TUCKER, GA 30084

**CLIA ID NUMBER**  
11D1076327

**EFFECTIVE DATE**  
06/16/2018

**LABORATORY DIRECTOR**  
SEAN R STOWELL M.D.

**EXPIRATION DATE**  
06/15/2020

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.



*Karen W. Dyer*  
Karen W. Dyer, Acting Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

114 Certs2\_111318

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>
ROUTINE CHEMISTRY (310)	06/16/2010
URINALYSIS (320)	06/16/2010
ENDOCRINOLOGY (330)	06/16/2010
TOXICOLOGY (340)	06/16/2010
HEMATOLOGY (400)	06/16/2010
ABO & RH GROUP (510)	06/16/2010
ANTIBODY TRANSFUSION (520)	06/16/2010
ANTIBODY IDENTIFICATION (540)	02/28/2011
COMPATIBILITY TESTING (550)	06/16/2010

LAB CERTIFICATION (CODE)      EFFECTIVE DATE

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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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**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:**