



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

CHILDREN'S HEALTHCARE OF ATLANTA, INC.

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

1405 CLIFTON ROAD, N.E.; ATLANTA, GA 30322

(Address)

named as

CHILDREN'S HEALTHCARE OF ATL AT EGLESTON LAB

(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), TDM
HEMATOLOGY
IMMUNOHEMATOLOGY - GROUP, TYPE, CROSSMATCH, ANTIBODY SCREEN, IDENTIFICATION, TRANSFUSION SERVICES, PHERESIS, COMPONENTS, STORAGE
MICROBIOLOGY - BACTERIOLOGY III, MYCOLOGY III, PARASITOLOGY, VIROLOGY
CLINICAL IMMUN AND SEROLOGY - NON-SYPHILIS, VIRAL SEROLOGY, HIV(SCREEN)
PATHOLOGY - EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY, ORAL PATHOLOGY
TISSUE BANKING
SPECIMEN COLLECTION STATIONS - HUDSON BRIDGE, FORSYTH
POINT OF CARE TESTING

This license is effective and remains in effect unless revoked or suspended. This permit is granted pursuant to the authority vested in the Department of Community Health, official code of Georgia, Title 31, Chapter 5, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued.

Laboratory Director:

BEVERLY ROGERS

License number:

044-010

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

This license is not transferable

Melanie Simon, Division Chief