STATE OF GEORGIA
CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

______________________________
(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

______________________________
(Address)

named as

______________________________
(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:

SPECIMEN COLLECTION STATIONS- 4651 ROSWELL RD., NE, SUITE G-601, ATLANTA, GA 30342

This license is effective through ________________ May 31, 2020 ________________, 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:  ____________________________  License number:  ____________

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

______________________________
Melanie Simon, Division Chief