



**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 IMMUNOLOGY AND SEROLOGY- NON-SYPHILIS, VIRAL SEROLOGY, HIV  
PATHOLOGY- EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY, ORAL PATHOLOGY  
TISSUE BANKING-  
SPECIMEN COLLECTION STATIONS- HUDSON BRIDGE, FORSYTH  
POINT OF CARE TESTING

This license is effective through October 31, 2019 , 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: BEVERLY ROGERS License number: 044-010

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

A handwritten signature in black ink that reads "Melanie Simon".

Melanie Simon, Division Chief