



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

**1001 JOHNSON FERRY ROAD; ATLANTA, GA 30342**

(Address)

named as

**CHILDREN'S HEALTHCARE OF ATL AT SCOTTISH RITE 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 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:

- 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 II, PARASITOLOGY (LIMITED), VIROLOGY
- CLINICAL IMMUN AND SEROLOGY - NON-SYPHILIS, HIV(SCREEN)
- PATHOLOGY - EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY, ORAL PATHOLOGY
- TISSUE BANKING
- SPECIMEN COLLECTION STATIONS - CHILDREN'S AT WEBB BRIDGE, CHILDREN'S AT SATELITE BLVD, TOWN CENTER, CENTER FOR ADVANCED PEDIATRICS
- 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:

**060-056**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

This license is not transferable

Melanie Simon, Division Chief