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

LABORATORY NAME AND ADDRESS EMORY MEDICAL LABORATORIES 1364 CLIFTON ROAD NORTHEAST ATLANTA, GA 30322 CLIA ID NUMBER 11D0259401

EFFECTIVE DATE

10/20/2020

**EXPIRATION DATE** 

10/19/2022

LABORATORY DIRECTOR

JOHN ROBACK M.D.

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, Director Division of Laboratory Services Survey and Certification Group Center for Clinical Standards and Quality

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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:

LAB CERTIFICATION (CODE) HISTOCOMPATIBILTY (010)	EFFECTIVE DATE 10/13/1995
BACTERIOLOGY (110)	10/13/1995
MYCOBACTERIOLOGY (115)	10/13/1995
MYCOLOGY (120)	10/13/1995
PARASITOLOGY (130)	10/13/1995
VIROLOGY (140)	10/13/1995
SYPHILIS SEROLOGY (210)	12/02/2010
GENERAL IMMUNOLOGY (220)	10/13/1995
ROUTINE CHEMISTRY (310)	10/13/1995
URINALYSIS (320)	10/13/1995
ENDOCRINOLOGY (330)	10/13/1995
TOXICOLOGY (340)	06/02/1997
HEMATOLOGY (400)	10/13/1995

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
ABO & RH GROUP (510)	10/13/1995
ANTIBODY TRANSFUSION (520)	10/13/1995
ANTIBODY NON-TRANSFUSION (530)	10/13/1995
ANTIBODY IDENTIFICATION (540)	10/13/1995
COMPATIBILITY TESTING (550)	10/13/1995
HISTOPATHOLOGY (610)	10/13/1995
CYTOLOGY (630)	10/13/1995
CYTOGENETICS (900)	10/10/2008

