



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA

CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

ATLANTA BLOOD SERVICES, L L C

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

5670 PEACHTREE DUNWOODY ROAD, SUITE 1075; ATLANTA, GA 30342

named as

ATLANTA BLOOD SERVICES - ATLANTA

(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:

IMMUNOHEMATOLOGY - PHERESIS, COMPONENTS, DONOR SERVICES, STORAGE


This license is effective through November 30, 2013, 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: HENRY KENT HOLLAND

License number: 060-263

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION


Brian W. Looby, Division Chief