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

LABORATORY NAME AND ADDRESS
EMORY UNIV GEORGIA CTSA - CORE LAB
EMORY UNIVERSITY MIDTOWN HOSPITAL
550 PEACHTREE STREET, ROOM 2322
ATLANTA, GA 30308

LABORATORY DIRECTOR
COLLEEN S KRAFT M.D.

CLIA ID NUMBER 11D1101868

EFFECTIVE DATE

08/05/2019

EXPIRATION DATE

08/04/2021

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLJA), 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 this is a <u>Certificate of Registration</u>, it represents only the enrollment of the laboratory in the CLIA program and does not
 indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing
 upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a <u>Certificate for Provider-Performed Microscopy Procedures</u>, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a <u>Certificate of Waiver</u>, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.





CLIA ID Number: 11D1101868

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STATE AGENCY ADDRESS AND PHONE NUMBER:

GA DHR/HEALTHCARE FACILITY REGULATION DIV DIAGNOSTIC SERVICE UNIT/CLIA 2 PEACHTREE ST NW 31-447 ATLANTA, GA 30303-3142 (404)657-5447

LABORATORY MAILING ADDRESS: