



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to

CYTOMETRY SPECIALISTS, INC.

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

2580 WESTSIDE PARKWAY; ALPHARETTA, GA 30004

(Address)

named as

C S I LABORATORIES

(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
PATHOLOGY- ANATOMIC PATHOLOGY
GENETICS/CYTOGENETICS
OTHER- GENERAL IMMUNOLOGY, FLOW CYTOMETRY

This license is effective through April 30, 2018, 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: LAWRENCE HERTZBERG

License number: 060-252

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief