



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 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:

CLINICAL CHEMISTRY- ROUTINE
PATHOLOGY- ANATOMIC PATHOLOGY
GENETICS/CYTOGENETICS
OTHER- GENERAL IMMUNOLOGY, FLOW CYTOMETRY

This license is effective through **April 30, 2020**, 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: **AMIR HAMMAMI**

License number: **060-252**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief