

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

**LABORATORY NAME AND ADDRESS**  
DONOR TESTING LAB  
1625 ROCK MOUNTAIN BOULEVARD  
STONE MOUNTAIN, GA 30083

**CLIA ID NUMBER**  
11D2166017

**EFFECTIVE DATE**  
03/02/2020

**LABORATORY DIRECTOR**  
CHRISTOPHER LOUGH M.D.

**EXPIRATION DATE**  
03/01/2022

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*  
Karen W. Dyer, Acting Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

115 certs2\_031020

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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
VIROLOGY (140)	03/02/2020
SYPHILIS SEROLOGY (210)	03/02/2020
GENERAL IMMUNOLOGY (220)	03/02/2020
ROUTINE CHEMISTRY (310)	03/02/2020
ABO & RH GROUP (510)	03/02/2020
ANTIBODY TRANSFUSION (520)	03/02/2020
ANTIBODY NON-TRANSFUSION (530)	03/02/2020
ANTIBODY IDENTIFICATION (540)	03/02/2020

LAB CERTIFICATION (CODE)      EFFECTIVE DATE

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.