

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

LABORATORY NAME AND ADDRESS
EMORY UNIV GEORGIA CTSA - CORE LAB
EMORY UNIVERSITY HOSPITAL
1364 CLIFTON RD, NE, GGO7 EMORY UNIV HOSP
ATLANTA, GA 30322

CLIA ID NUMBER
11D1101869

EFFECTIVE DATE
08/05/2021

LABORATORY DIRECTOR
COLLEEN S KRAFT M.D.

EXPIRATION DATE
08/04/2023

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.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality