STATE OF GEORGIA

CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to ___________________________________________________________________________

GEORGIA STATE UNIVERSITY
(Name of Governing Body)

161 JESSE HILL JR DRIVE (P O BOX 4118; ATLANTA, GA 30303
(Address)

NATIONAL B VIRUS RESOURCE LABORATORY
(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:

MICROBIOLOGY- VIROLOGY

CLINICAL IMMUNOLOGY AND SEROLOGY- VIRAL SEROLOGY

This license is effective through __October 31, 2012__, 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: __JULIA HILLIARD__

License number: __060-255__

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Brian W. Looby, Division Chief