

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

LABORATORY NAME AND ADDRESS

AMER RED CROSS BLOOD SVC-STHRN RGN FCS
9851 COMMERCE WAY
DOUGLASVILLE, GA 30135

CLIA ID NUMBER

11D0883367

EFFECTIVE DATE

03/03/2008

LABORATORY DIRECTOR

KRISTA HILLYER MD

EXPIRATION DATE

03/02/2010

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.



A handwritten signature in cursive script, reading "Judith A. Yost".

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH
Division of Public Health

2 Peachtree Street, N.W.
Atlanta, GA 30303-3159
www.dch.georgia.gov

Rhonda M. Medows, MD, Commissioner

Sonny Perdue, Governor

September 15, 2009

Courtney Hopkins
Laboratory Director
American Red Cross Blood Services-SE Regional Lab
9851 Commerce Way
Douglasville, Georgia 30135

CLIA NO: 11D0883367

Dear Laboratory Director:

According to information furnished by your facility, the following change(s) has been made to your CLIA Certification:

- Addition/Correction of Federal Tax ID Number
- Facility Name Change
- Facility Address Change
- Change of Director
- Facility Closed
- Addition of Category (ies)
- Deletion of Category (ies)
- Other (Specify)

The Centers for Medicare and Medicaid Services (CMS) **does not** re-issue, **ALL** certificates due to address changes, name changes, director changes, or for lost/misplaced certificates; however, any change made will be reflected on your next two-year certification. If questions, contact this office at 404/657-5450 or fax at 404/657-5442

Sincerely,

Sharon S. Thomas
Program Assistant
Diagnostic Services Unit - CLIA
Healthcare Facilities Regulation Division

/SST