

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

LABORATORY NAME AND ADDRESS
SOUTHEAST GEORGIA HEALTH SYSTEM BRUNS
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520

CLIA ID NUMBER
11D0265208

EFFECTIVE DATE
01/03/2019

LABORATORY DIRECTOR
PATRICK E GODBEY M.D.

EXPIRATION DATE
01/02/2021

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 black ink, reading 'Karen W. Dyer'. The signature is written in a cursive style with a large, prominent 'K' and 'D'.

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