



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**STATE OF GEORGIA**  
**CLINICAL LABORATORY LICENSE**

This is to certify that a license is hereby granted to

**SOUTHEAST GEORGIA HEALTH SYSTEM, INC**

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

**2000 DAN PROCTOR DRIVE; SAINT MARYS, GA 31558**

(Address)

named as

**SOUTHEAST GEORGIA HLTH SYSTEM - CAMDEN CAMPUS LAB**

(Name of Facility)

Pursuant to the terms of the Georgia Clinical Laboratory Licensure Law (Georgia Laws of 1970, p. 531 as amended), the above names 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:

CLINICAL CHEMISTRY- ROUTINE, URINALYSIS, BLOOD GASES / CO-OX, TOXICOLOGY (MEDICAL), TDM  
HEMATOLOGY

IMMUNOHEMATOLOGY- GROUP, TYPE, CROSSMATCH, ANTIBODY SCREEN, TRANSFUSION SERVICES, STORAGE

MICROBIOLOGY- BACTERIOLOGY I, BACTERIOLOGY II, MYCOLOGY I, VIROLOGY

CLINICAL IMMUNOLOGY AND SEROLOGY- HIV (SCREEN / CONFIRMATION)

POINT OF CARE TESTING- NOVA STAT STRIP GLUCOSE METER

This license is effective through **June 30, 2020**, 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: **JANET HON**

License number: **020-001**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief