

STATE OF GEORGIA CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to	LIFELINK FOUNDATION, INC.
	(Name of Governing Body)
to maintain and operate a Clinical Laboratory located at	2875 NORTHWOODS PARKWAY; NORCROSS, GA 30071
	(Address)
named as	LIFELINK OF GEORGIA
	(Name of Facility)
	ure Law (Georgia Laws of 1970, p. 531 as amended), the above names facility is hereby or purposes of performing tests in the following categories or subcategories of procedures:
TISSUE BANKING-	
This license is effective July 31, 2019 and remain	s in effect unless revoked or suspended. This permit is granted persuant to the authority vest
	, Title 31, Chapter 5, and signifies that the provider complies with the Rules and Regulations
of the Department of Community Health on the date this license	was issued.
Laboratory Director: THOMAS CONRAD PEARS	License number: 067-051
GEORGIA DEPARTMENT OF COMMUNITY HEALTH	HEALTHCARE FACILITY REGULATION DIVISION
This license is not transferable	Melanie Simon
	Melanie Simon, Division Chief