

STATE OF GEORGIA CLINICAL LABORATORY LICENSE

This is to certify that a license is hereby granted to	THE ESOP OF GEORGIA CRYOSERVICES, INC
	(Name of Governing Body)
to maintain and operate a Clinical Laboratory located at	709 CANTON ROAD NE SUITE 110; MARIETTA, GA 30060
	(Address)
named as	XYTEX LABORATORIES
	(Name of Facility)
	ure Law (Georgia Laws of 1970, p. 531 as amended), the above names facility is hereby for purposes of performing tests in the following categories or subcategories of procedures:
TISSUE BANKING- SPECIMEN COLLECTION STATIONS- SEMEN OTHER- SEMEN ANALYSIS	
	ns in effect unless revoked or suspended. This permit is granted persuant to the authority vest a, Title 31, Chapter 5, and signifies that the provider complies with the Rules and Regulations was issued.
Laboratory Director: J. TODD SPRADLIN	License number: 033-123
GEORGIA DEPARTMENT OF COMMUNITY HEALTH	HEALTHCARE FACILITY REGULATION DIVISION
This license is not transferable	Melanie Simon
	Melanie Simon, Division Chief