



COLLEGE of AMERICAN
PATHOLOGISTS



The College of American Pathologists
certifies that the laboratory named below

Highlands Pathology Consultants P C
Bristol Reg Med Ctr Lab
Bristol, Tennessee
David R. Hudgens, MD

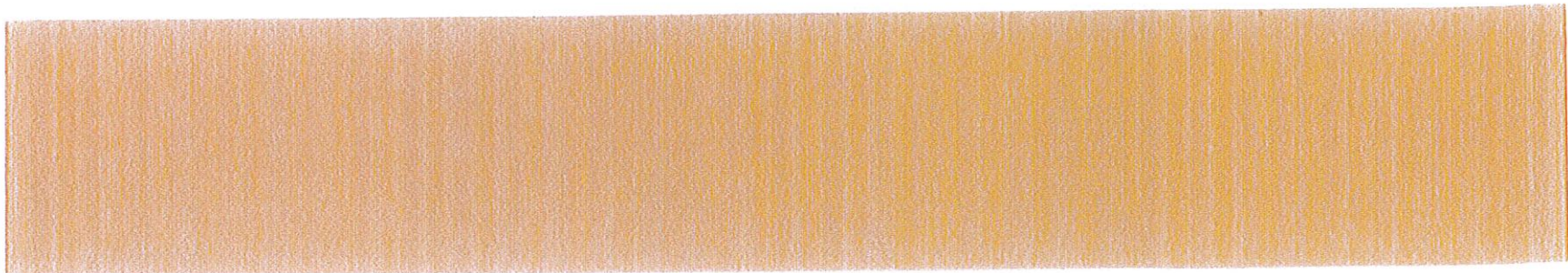
CAP Number: 7182641
AU-ID: 1397354
CLIA Number: 44D1007975

has met all applicable standards for accreditation and is hereby accredited by the
College of American Pathologists' Laboratory Accreditation Program. Reinspection
should occur prior to March 13, 2019 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists



State of Tennessee



License No. 0000004131

DEPARTMENT OF HEALTH

This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to:

HIGHLANDS PATHOLOGY CONSULTANTS, PC

Medical Laboratory Director DAVID R. HUDGENS, M.D.

Owner CORPORATION

To conduct and maintain a Medical Laboratory in the Specialty (ies) of:

CYTOLOGY
HISTOPATHOLOGY
ORAL PATHOLOGY
CYTOLOGY (NON-GYN)

On the premises located at 1 MEDICAL PARK BLVD STE G 50, BRISTOL, TN 37620-7460

County of SULLIVAN

This license shall expire APRIL 30 2019

This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. Section 68-29-111 and regulations thereto. This license shall not be assignable or transferable and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State
this 5TH *day of* APRIL 2018.

By Rosemarie Otto
DIRECTOR, HEALTH RELATED BOARDS

By Patti A. Wooten MHA, MT (ASCP)
CHAIRMAN, MEDICAL LABORATORY BOARD

By [Signature]
COMMISSIONER, DEPARTMENT OF HEALTH



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

**LABORATORY NAME AND ADDRESS
HIGHLANDS PATHOLOGY CONSULTANTS PC
AT BRISTOL REGIONAL MEDICAL CENTER
#1 MEDICAL PARK BLVD STE G50
BRISTOL, TN 37620**

**CLIA ID NUMBER
44D1007976**

**EFFECTIVE DATE
02/10/2018**

**LABORATORY DIRECTOR
DAVID R HUDGENS M.D.**

**EXPIRATION DATE
02/09/2020**

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.



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