



COLLEGE of AMERICAN  
PATHOLOGISTS

## CERTIFICATE of ACCREDITATION

**Highlands Pathology Consultants PC**  
**Kingsport Branch Laboratory**  
**Kingsport, Tennessee**  
**Evan L. Kulbacki, MD**

CAP Number: 7023701  
AU-ID: 1202607  
CLIA Number: 44D0954958

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to **November 30, 2023** to maintain accreditation.

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

Michael Bradley Datto, MD, PhD, FCAP  
Chair, Accreditation Committee

Emily Volk, MD, FCAP  
President, College of American Pathologists





# State of Tennessee



License No. 0000003354

## DEPARTMENT OF HEALTH

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

HIGHLANDS PATHOLOGY CONSULTANTS, P.C.

*Medical Laboratory Director* EVAN L. KULBACKI, M.D.

*Ownership Type* CORPORATION

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

HISTOPATHOLOGY  
CYTOLOGY  
ORAL PATHOLOGY  
MOLECULAR DIAGNOSTICS

*On the premises located at* 130 W RAVINE RD, KINGSPORT, TN 37660-3837

*County of* SULLIVAN

*This license shall expire* APRIL 30 2024

*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 63-29-111 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* 7TH *day of* MARCH 2023

*By* Jennifer L. Rotnam, Esq.  
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

*By* Jennifer Didcomb 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  
130 WEST RAVINE ROAD  
KINGSPORT, TN 37660

CLIA ID NUMBER  
44D0954958

EFFECTIVE DATE

02/28/2022

EXPIRATION DATE

02/28/2024

LABORATORY DIRECTOR

EVAN L KULBACKI M.D.

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.



*Monique Spruill*  
Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality