CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

CENTERS FOR DISEASE CONTROL AND PREVEN
BLDG 1 MSC17
1600 CLIFTON ROAD NE
ATLANTA, GA 30333

LABORATORY DIRECTOR

DAVID K TURGEON PHD D-ABMM

CLIA ID NUMBER

11D0668319

EFFECTIVE DATE

09/30/2008

EXPIRATION DATE

09/29/2010

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.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

73 certs2_101708

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	09/30/1996		
MYCOBACTERIOLOGY (115)	09/30/1994		
MYCOLOGY (120)	09/30/1994		
PARASITOLOGY (130)	09/30/1994		
VIROLOGY (140)	09/30/1994		
SYPHILIS SEROLOGY (210)	09/30/1994		
GENERAL IMMUNOLOGY (220)	09/30/1994		
HEMATOLOGY (400)	09/30/1994		
HISTOPATHOLOGY (610)	09/30/1994		
CYTOLOGY (630)	09/30/1994		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.