CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

MICHIGAN DEPT OF COMMUNITY HEALTH
3350 N MARTIN L KING JR BLVD
LANSING, MI 48909

LABORATORY DIRECTOR

FRANCES POUCH DOWNES

CLIA ID NUMBER

23D0650909

EFFECTIVE DATE

02/23/2005

EXPIRATION DATE

02/22/2007

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

153 CS050126

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
BACTERIOLOGY (110)	02/23/1995
MYCOBACTERIOLOGY (115)	02/23/1995
MYCOLOGY (120)	02/23/1995
PARASITOLOGY (130)	02/23/1995
VIROLOGY (140)	02/23/1995
SYPHILIS SEROLOGY (210)	02/23/1995
GENERAL IMMUNOLOGY (220)	02/23/1995
ENDOCRINOLOGY (330)	02/23/1995

LAB CERTIFICATION (CODE)	EFFECTIVE DATE

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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.