



COLLEGE of AMERICAN
PATHOLOGISTS



The College of American Pathologists
that the laboratory named below

**Intermountain Laboratory Services
Central Laboratory
Murray, Utah
Sterling T. Bennett, MD**

CAP Number: 7194553
AU-ID: 1449898
CLIA Number: 46D1049154

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 October 31, 2017 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

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

LABORATORY NAME AND ADDRESS
INTERMOUNTAIN HEALTHCARE CORE LABORATO
5252 S INTERMOUNTAIN DR
MURRAY, UT 84107

CLIA ID NUMBER
46D1049154

EFFECTIVE DATE
12/28/2017

LABORATORY DIRECTOR
STERLING T BENNETT M.D.

EXPIRATION DATE
12/27/2019

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

1175 certs2_112817

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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
HISTOCOMPATIBILITY (010)	04/11/2013	ABO & RH GROUP (510)	04/17/2008
BACTERIOLOGY (110)	12/28/2007	ANTIBODY TRANSFUSION (520)	04/17/2008
MYCOBACTERIOLOGY (115)	12/28/2007	ANTIBODY NON-TRANSFUSION (530)	04/17/2008
MYCOLOGY (120)	12/28/2007	ANTIBODY IDENTIFICATION (540)	04/17/2008
PARASITOLOGY (130)	12/28/2007	COMPATIBILITY TESTING (550)	04/17/2008
VIROLOGY (140)	12/28/2007	HISTOPATHOLOGY (610)	12/28/2007
SYPHILIS SEROLOGY (210)	12/28/2007	CYTOLOGY (630)	12/28/2007
GENERAL IMMUNOLOGY (220)	12/28/2007	CYTOGENETICS (900)	12/28/2007
ROUTINE CHEMISTRY (310)	12/28/2007		
URINALYSIS (320)	12/28/2007		
ENDOCRINOLOGY (330)	12/28/2007		
TOXICOLOGY (340)	12/28/2007		
HEMATOLOGY (400)	12/28/2007		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.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.

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS
INTERMOUNTAIN HEALTHCARE
INTERMOUNTAIN MEDICAL CENTER
5121 COTTONWOOD STREET
MURRAY, UT 84117

CLIA ID NUMBER
46D0713592

EFFECTIVE DATE
09/16/2017

LABORATORY DIRECTOR
STERLING T BENNETT MD

EXPIRATION DATE
09/15/2019

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, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

1967 Certs1_082217

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.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.

aabb Accreditation

Intermountain Medical Center

having been assessed by AABB, has been found to meet the requirements of applicable Standards of this organization and therefore is granted this

CERTIFICATE OF ACCREDITATION

for the following activities:

Transfusion Activities

In Witness whereof the undersigned, being duly authorized, have caused this Certificate to be issued and the AABB Corporate Seal to be affixed.

Effective Dates

October 01, 2017 - September 30, 2019



A handwritten signature in black ink, appearing to read "John H. ...".

President, AABB

A handwritten signature in black ink, appearing to read "Eva Quinley".

Chair, Accreditation Program Committee