CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS ST JOSEPH MEMORIAL HOSPITAL LABORATORY 2 SOUTH HOSPITAL DRIVE MURPHYSBORO, IL 62966 CLIA ID NUMBER

14D0697203

EFFECTIVE DATE

EXPIRATION DATE

LABORATORY DIRECTOR

JUAN GONZALEZ M D

01/02/2017

01/03/2015

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.



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Judith A. Yost, Director Division of Laboratory Services Survey and Certification Group Center for Clinical Standards and Quality

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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)

BACTERIOLOGY (110) PARASITOLOGY (130) GENERAL IMMUNOLOGY (220) ROUTINE CHEMISTRY (310) URINALYSIS (320) ENDOCRINOLOGY (330) TOXICOLOGY (340) HEMATOLOGY (400) ABO & RH GROUP (510) ANTIBODY TRANSFUSION (520) ANTIBODY NON-TRANSFUSION (530) COMPATIBILITY TESTING (550) HISTOPATHOLOGY (610)

EFFECTIVE DATE 06/21/2011 06/13/2013 03/28/2003 03/28/2003 03/28/2003 03/28/2003 03/28/2003 03/28/2003 03/28/2003 06/21/2011 06/21/2011 06/21/2011

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

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. CLIA ID Number: 14D0697203 ST JOSEPH MEMORIAL HOSPITAL LABORATORY 2 SOUTH HOSPITAL DRIVE MURPHYSBORO, IL 62966

STATE AGENCY ADDRESS AND PHONE NUMBER:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIV OF HEALTH CARE FACILITIES & PROGRAMS 525 W JEFFERSON ST/FOURTH FLR SPRINGFIELD, IL 62761 (217)782-6747

LABORATORY MAILING ADDRESS: