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

LABORATORY NAME AND ADDRESS
MINERS MEMORIAL HEALTH CENTER - LABORA
2553 KEN GRAY BLVD
WEST FRANKFORT, IL 62896

14D2068812

LABORATORY DIRECTOR
STEVE L HOWERTON

11/12/2015

EXPIRATION DATE 11/11/2017

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, Acting Director Division of Laboratory Services Survey and Certification Group

Survey and Certification Group Center for Clinical Standards and Quality

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- If this is a <u>Certificate of Registration</u>, 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 <u>Certificate for Provider-Performed Microscopy Procedures</u>, 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 <u>Certificate of Waiver</u>, 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.





CLIA ID Number: 14D2068812

MINERS MEMORIAL HEALTH CENTER - LABORA
S I H ACCOUNTS PAYABLE

1239 EAST MAIN ST
CARBONDALE, IL 62901

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: