

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
SSM HEALTH EMERGENCY CENTER
2840 O'KEEFE AVE
SUN PRAIRIE, WI 53590

CLIA ID NUMBER
52D1098790

EFFECTIVE DATE

06/16/2022

EXPIRATION DATE

06/15/2024

LABORATORY DIRECTOR

ADAM S MORGAN M.D.

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.



Monique Spruill

Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

207 Certs2_061422

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>
MYCOLOGY (120)	03/18/2020		
ROUTINE CHEMISTRY (310)	06/16/2010		
URINALYSIS (320)	06/16/2010		
ENDOCRINOLOGY (330)	06/16/2010		
TOXICOLOGY (340)	06/16/2010		
HEMATOLOGY (400)	06/16/2010		
ABO & RH GROUP (510)	06/16/2010		

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: 52D1098790

SSM HEALTH EMERGENCY CENTER
ST MARY'S HOSPITAL/ATTN DENISE SCHAUER
700 S PARK ST
MADISON, WI 53715

STATE AGENCY ADDRESS AND PHONE NUMBER:

DEPARTMENT OF HEALTH SERVICES
DIVISION OF QUALITY ASSURANCE CLINICAL LAB SECTI
1 W WILSON ST
PO BOX 2969
MADISON, WI 53701-2969
(608)261-0654

LABORATORY MAILING ADDRESS: