

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

LABORATORY NAME AND ADDRESS  
ST ELIZABETH DEARBORN  
600 WILSON CREEK RD  
LAWRENCEBURG, IN 47025

CLIA ID NUMBER  
15D0664957

EFFECTIVE DATE

02/09/2023

EXPIRATION DATE

02/08/2025

LABORATORY DIRECTOR  
JEREMY HART 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.

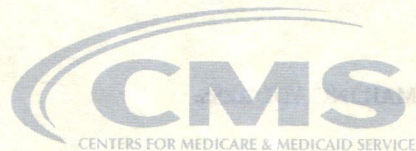


*Monique Spruill*  
Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

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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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/24/1995	HISTOPATHOLOGY (610)	08/25/1998
PARASITOLOGY (130)	07/24/1995	ORAL PATHOLOGY (620)	04/21/2021
GENERAL IMMUNOLOGY (220)	07/24/1995	CYTOLOGY (630)	08/25/1998
ROUTINE CHEMISTRY (310)	07/24/1995		
URINALYSIS (320)	07/24/1995		
ENDOCRINOLOGY (330)	07/24/1995		
TOXICOLOGY (340)	03/29/2003		
HEMATOLOGY (400)	07/24/1995		
ABO & RH GROUP (510)	07/24/1995		
ANTIBODY TRANSFUSION (520)	07/24/1995		
ANTIBODY NON-TRANSFUSION (530)	07/24/1995		
ANTIBODY IDENTIFICATION (540)	07/24/1995		
COMPATIBILITY TESTING (550)	07/24/1995		



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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: 15D0664957**

**ST ELIZABETH DEARBORN  
600 WILSON CREEK RD  
LAWRENCEBURG, IN 47025**

**STATE AGENCY ADDRESS AND PHONE NUMBER:**

**INDIANA STATE DEPARTMENT OF HEALTH  
DIVISION OF ACUTE CARE SERVICES  
2 NORTH MERIDIAN ST RM 4A  
INDIANAPOLIS, IN 46204  
(317)233-7502**

**LABORATORY MAILING ADDRESS:**