

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

LABORATORY NAME AND ADDRESS
ST PETERS HEALTH
BROADWAY
2550 EAST BROADWAY ST
HELENA, MT 59601

CLIA ID NUMBER
27D0992022

EFFECTIVE DATE

11/30/2022

LABORATORY DIRECTOR

DON A SCHULTZ M.D.

EXPIRATION DATE

11/29/2024

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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CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
ST PETERS HEALTH
2475 BROADWAY
HELENA, MT 59601

CLIA ID NUMBER
27D0410407

EFFECTIVE DATE
10/03/2022

LABORATORY DIRECTOR
DON A SCHULTZ M.D.

EXPIRATION DATE
10/02/2024

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.

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LABORATORY NAME AND ADDRESS
ST PETERS HEALTH
3330 PTARMIGAN LANE
HELENA, MT 59601

CLIA ID NUMBER
27D0410356

EFFECTIVE DATE

10/04/2022

LABORATORY DIRECTOR

DONALD A SCHULTZ M.D.

EXPIRATION DATE

10/03/2024

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.

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CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
ST PETERS HEALTH
515 SOUTH FRONT ST
TOWNSEND, MT 59644

CLIA ID NUMBER
27D2175063

EFFECTIVE DATE

11/09/2022

LABORATORY DIRECTOR

EXPIRATION DATE

CHARLES HARMON M.D.

11/08/2024

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.

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