

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF COMPLIANCE*

LABORATORY NAME AND ADDRESS

ST PETERS HEALTH  
2475 BROADWAY  
HELENA, MT 59601

CLIA ID NUMBER

27D0410407

EFFECTIVE DATE

10/03/2024

LABORATORY DIRECTOR

DR. DON A. SCHULTZ

EXPIRATION DATE

10/02/2026

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.



A handwritten signature in blue ink, appearing to read "Gregg Brandush". The signature is fluid and cursive.

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

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

***CERTIFICATE OF COMPLIANCE***

**LABORATORY NAME AND ADDRESS**

ST PETERS HEALTH  
3330 PTARMIGAN LANE  
HELENA, MT 59601

**CLIA ID NUMBER**

27D0410356

**EFFECTIVE DATE**

10/04/2024

**LABORATORY DIRECTOR**

DR. DONALD A. SCHULTZ

**EXPIRATION DATE**

10/03/2026

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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Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

***CERTIFICATE OF WAIVER***

**LABORATORY NAME AND ADDRESS**

ST PETERS HEALTH  
515 SOUTH FRONT ST  
TOWNSEND, MT 59644

**CLIA ID NUMBER**

27D2175063

**EFFECTIVE DATE**

02/27/2026

**LABORATORY DIRECTOR**

CHARLES HARMON

**EXPIRATION DATE**

02/26/2028

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

**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**

11/30/2024

**LABORATORY DIRECTOR**

DR. DON A. SCHULTZ

**EXPIRATION DATE**

11/29/2026

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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