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

## CERTIFICATE OF ACCREDITATION

#### LABORATORY NAME AND ADDRESS

**DUHS CLINICAL PEDIATRIC LABORATORY** 5533 HOSPITAL NORTH, 2301 ERWIN ROAD DURHAM, NC 27710

## **EFFECTIVE DATE**

**CLIA ID NUMBER** 

34D2106331

03/30/2022

**EXPIRATION DATE** 

03/29/2024

### LABORATORY DIRECTOR

MICHAEL B DATTO 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.



Regina S. Van Dradle
Regina S. Van Brakle, Acting Director
Division of Laboratory Services

Survey and Certification Group Center for Clinical Standards and Quality

Certs2\_032222

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:

I AR CEPTIEICATION (CODE)	EEEECTIVE DATE	

GENERAL IMMUNOLOGY (220)	03/30/2016
ROUTINE CHEMISTRY (310)	03/30/2016
URINALYSIS (320)	03/30/2016
TOXICOLOGY (340)	03/30/2016
HEMATOLOGY (400)	03/30/2016

LAB CERTIFICATION (CODE)

**EFFECTIVE DATE** 



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.