CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

CAMBRIDGE MED CTR - ALLINA HEALTH LABO 701 DELLWOOD STREET SOUTH CAMBRIDGE, MN 55008

CLIA ID NUMBER 24D0398061

EFFECTIVE DATE

01/03/2023

EXPIRATION DATE

01/02/2025

LABORATORY DIRECTOR

DANA L NELSON 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.

DEPARTME.

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

Certs2_120622

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:

LAB CERTIFICATION (CODE) **EFFECTIVE DATE**

01/24/2000
01/24/2000
04/11/2018
01/24/2000
01/24/2000 01/24/2000
01/24/2000
01/24/2000
01/24/2000
01/24/2000
01/24/2000
01/24/2000
01/24/2000
01/24/2000

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

HISTOPATHOLOGY (610)

01/24/2000



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.