

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

SOUTH BEND MEDICAL FOUNDATION INC/SJRM  
215 W 4TH ST BOX #20  
MISHAWAKA, IN 46544

LABORATORY DIRECTOR

JOYCE SIMPSON MD

CLIA ID NUMBER

15D0356834

EFFECTIVE DATE

10/29/2008

EXPIRATION DATE

10/28/2010

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.



*Judith A. Yost*

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations

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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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	01/24/2008		
MYCOLOGY (120)	01/24/2008		
PARASITOLOGY (130)	01/24/2008		
VIROLOGY (140)	01/08/1999		
GENERAL IMMUNOLOGY (220)	01/08/1999		
ROUTINE CHEMISTRY (310)	01/08/1999		
URINALYSIS (320)	01/08/1999		
ENDOCRINOLOGY (330)	01/08/1999		
TOXICOLOGY (340)	03/29/2003		
HEMATOLOGY (400)	01/08/1999		

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