

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

LABORATORY NAME AND ADDRESS
SOUTH BEND MEDICAL FOUNDATION, INC
530 N LAFAYETTE BLVD
SOUTH BEND, IN 46601

CLIA ID NUMBER
15D0357169

EFFECTIVE DATE
02/09/2023

LABORATORY DIRECTOR
NITA R GERIG M.D.

EXPIRATION DATE
02/08/2025

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

475 Certs2_011023

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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ABO & RH GROUP (510)	08/07/1995
ANTIBODY TRANSFUSION (520)	08/07/1995
ANTIBODY NON-TRANSFUSION (530)	08/07/1995
ANTIBODY IDENTIFICATION (540)	08/07/1995
COMPATIBILITY TESTING (550)	08/07/1995
HISTOPATHOLOGY (610)	08/07/1995
CYTOLOGY (630)	06/13/2003

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.**