

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

LABORATORY NAME AND ADDRESS

INDIANA STATE DEPARTMENT OF HEALTH LAB
550 W 16TH ST STE B
INDIANAPOLIS, IN 46202

CLIA ID NUMBER

15D0662599

EFFECTIVE DATE

01/22/2013

LABORATORY DIRECTOR

JUDITH C LOVCHIK PH.D.

EXPIRATION DATE

01/21/2015

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

154 certs2_122912

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>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	01/22/1993		
MYCOBACTERIOLOGY (115)	01/22/1993		
MYCOLOGY (120)	01/22/1993		
PARASITOLOGY (130)	01/22/1993		
VIROLOGY (140)	01/22/1993		
SYPHILIS SEROLOGY (210)	01/22/1993		
GENERAL IMMUNOLOGY (220)	01/22/1993		
TOXICOLOGY (340)	01/22/1995		



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT 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.