CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

UNION HOSPITAL 659 BOULEVARD STREET KIMBERLY LARSON, LABORATORY **DOVER, OH 44622**

LABORATORY DIRECTOR

DAVID L BROWN D.O.

CLIA ID NUMBER 36D0342773

EFFECTIVE DATE

02/28/2023

EXPIRATION DATE

02/27/2025

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, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group

Center for Clinical Standards and Quality

Certs2_013123

LAB CERTIFICATION (CODE)

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:

EFFECTIVE DATE

07/27/1995

/27/1995
/27/1995
/27/1995
/09/2020
/27/1995
/27/1995
/27/1995
/27/1995
/27/1995
/14/2001
/27/1995
/27/1995
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ANTIBODY TRANSFUSION (520)

LAB CERTIFICATION (CODE)

ANTIBODY NON-TRANSFUSION (530) 01/27/2010 ANTIBODY IDENTIFICATION (540) 07/27/1995 COMPATIBILITY TESTING (550) 07/27/1995 HISTOPATHOLOGY (610) 07/27/1995 **QRAL PATHOLOGY (620)** 07/27/1995 CYTOLOGY (630) 06/13/2003

