

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS

CLEVELAND CLINIC AUSTINTOWN MOB C FAMILY MEDICINE
1570 SOUTH CANFIELD NILES ROAD
AUSTINTOWN, OH 44515

CLIA ID NUMBER

36D2345743

EFFECTIVE DATE

06/17/2026

LABORATORY DIRECTOR

PAUL A. RICH

EXPIRATION DATE

06/16/2028

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.



A handwritten signature in blue ink, appearing to read 'Gregg Brandush', is written over a faint, large watermark of the Department of Health and Human Services eagle.

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

If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examination or procedures that have been approved as waived tests by the Department of Health and Human Services.