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

LABORATORY NAME AND ADDRESS MEDIC REGIONAL BLOOD CENTER 1601 AILOR AVE KNOXVILLE, TN 37921-6702 CLIA ID NUMBER 44D0312968

EFFECTIVE DATE

07/20/2016

EXPIRATION DATE

07/19/2018

LABORATORY DIRECTOR

THOMAS C WATKINS D.O.

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.



Karen W. Dyer, Acting Director Division of Laboratory Services Survey and Certification Group

Center for Clinical Standards and Quality

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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:

<u>LAB CERTIFICATION (CODE)</u> BACTERIOLOGY (110)	<u>EFFECTIVE DATE</u> 03/01/2004
ROUTINE CHEMISTRY (310)	07/20/1996
HEMATOLOGY (400)	07/20/1996
ABO & RH GROUP (510)	07/20/1996
ANTIBODY TRANSFUSION (520)	07/20/1996
ANTIBODY NON-TRANSFUSION (530)	05/30/2014
ANTIBODY IDENTIFICATION (540)	07/20/1996
COMPATIBILITY TESTING (550)	05/30/2014

LAB CERTIFICATION (CODE) EFF

EFFECTIVE DATE