CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

CLIA ID NUMBER

MEDIC REGIONAL BLOOD CENTER 1601 AILOR AVE KNOXVILLE, TN 37921-6702 44D0312968 EFFECTIVE DATE

LABORATORY DIRECTOR

07/20/2014 EXPIRATION DATE

JOHN R HILSENBECK JR M.D.

07/19/2016

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 G. Yest

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

142 Certs2_062414

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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION
BACTERIOLOGY (110)	03/01/2004	
VIROLOGY (140)	05/30/2014	
SYPHILIS SEROLOGY (210)	05/30/2014	
GENERAL IMMUNOLOGY (220)	05/30/2014	
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	4

FICATION (CODE) EFFECTIVE DATE