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

LABORATORY NAME AND ADDRESS BEAUMONT HOSPITAL TROY POINT OF CARE 44201 DEQUINDRE ROAD TROY, MI 48085

CLIA ID NUMBER 23D0873181

EFFECTIVE DATE

06/07/2023

EXPIRATION DATE

06/06/2025

LABORATORY DIRECTOR

VAISHALI M PANSARE M.D.

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 050923

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 (CODE)

ROUTINE CHEMISTRY (310) HEMATOLOGY (400)

07/14/1995 07/14/1995





FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.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. CLIA ID Number: 23D0873181 BEAUMONT HOSPITAL TROY POINT OF CARE 44201 DEQUINDRE ROAD TROY, MI 48085

STATE AGENCY ADDRESS AND PHONE NUMBER:

MI DEPT OF LICENSING AND REGULATORY AFFAIRS LABORATORY IMPROVEMENT SECTION BOX 30838 611 W OTTAWA STREET FIRST FLOOR LANSING, MI 48909 (517)241-2648

LABORATORY MAILING ADDRESS: