

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

LABORATORY NAME AND ADDRESS

SOUTH BEND MEDICAL FOUNDATION/ST VINCE
10580 N MERIDIAN ST
INDIANAPOLIS, IN 46290

CLIA ID NUMBER

15D1012092

EFFECTIVE DATE

09/24/2011

EXPIRATION DATE

09/23/2013

LABORATORY DIRECTOR

ROBERT J TOMEK

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 A. Yost

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

157 certs2_082711

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>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	09/24/2003		
VIROLOGY (140)	05/08/2009		
GENERAL IMMUNOLOGY (220)	02/17/2005		
ROUTINE CHEMISTRY (310)	09/24/2003		
URINALYSIS (320)	09/24/2003		
ENDOCRINOLOGY (330)	09/24/2003		
TOXICOLOGY (340)	09/24/2003		
HEMATOLOGY (400)	09/24/2003		
ABO & RH GROUP (510)	09/24/2003		
ANTIBODY TRANSFUSION (520)	09/24/2003		
ANTIBODY NON-TRANSFUSION (530)	09/24/2003		
ANTIBODY IDENTIFICATION (540)	09/24/2003		
COMPATIBILITY TESTING (550)	09/24/2003		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.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.