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

LABORATORY NAME AND ADDRESS KALAMAZOO COUNTY HEALTH AND COMMUNITY 311 E ALCOTT STREET, LABORATORY KALAMAZOO, MI 49001

CLIA ID NUMBER 23D0377033

EFFECTIVE DATE

01/24/2023

EXPIRATION DATE

01/23/2025

LABORATORY DIRECTOR

MARTY K SOEHNLEN Ph.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.



Meniquel Spuill Monique Spruill, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

Certs2_122722

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**

01/24/1995 **BACTERIOLOGY (110)** MYCOLOGY (120) 01/24/1995 PARASITOLOGY (130) 01/24/1995 SYPHILIS SEROLOGY (210) 01/24/1995 GENERAL IMMUNOLOGY (220) 01/24/1995



EFFECTIVE DATE



CLIA ID Number: 23D0377033 KALAMAZOO COUNTY HEALTH AND COMMUNITY 311 E ALCOTT STREET, LABORATORY KALAMAZOO, MI 49001

STATE AGENCY ADDRESS AND PHONE NUMBER:
MI DEPT OF LICENSING AND REGULATORY AFFAIRS
LABORATORY IMPROVEMENT SECTION
BOX 30664
611 W OTTAWA STREET FIRST FLOOR
LANSING, MI 48909
(517)241-2648

LABORATORY MAILING ADDRESS: