## **CENTERS FOR MEDICARE & MEDICAID SERVICES** CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

## **CERTIFICATE OF ACCREDITATION**

## LABORATORY NAME AND ADDRESS

SOUTH BEND MEDICAL FOUNDATION 3355 DOUGLAS RD SOUTH BEND, IN 46635

**CLIA ID NUMBER** 

15D0357169

**EFFECTIVE DATE** 

02/09/2025

**EXPIRATION DATE** 

02/08/2027

LABORATORY DIRECTOR

DR. NITA R. GERIG

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.

Gregg Brandush, Director

LAB CERTIFICATION (CODE)

Division of Clinical Laboratory Improvement & Quality

EFFECTIVE DATE

Quality & Safety Oversight Group

Center for Clinical Standards and Quality

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
MICROBIOLOGY - BACTERIOLOGY (110)	07/17/2024
MICROBIOLOGY - MYCOLOGY (120)	07/17/2024
MICROBIOLOGY - PARASITOLOGY (130)	07/17/2024
MICROBIOLOGY - VIROLOGY (140)	07/17/2024
IMMUNOHEMATOLOGY - ABO GROUP & RH TYPE (510)	08/07/1995
IMMUNOHEMATOLOGY - ANTIBODY DETECTION (TRANSFUSION) (520)	08/07/1995
IMMUNOHEMATOLOGY - ANTIBODY DETECTION (NON-TRANSFUSION) (530)	08/07/1995
IMMUNOHEMATOLOGY - ANTIBODY IDENTIFICATION (540)	08/07/1995
IMMUNOHEMATOLOGY - COMPATIBILITY TESTING (550)	08/07/1995
PATHOLOGY - HISTOPATHOLOGY (610)	08/07/1995
PATHOLOGY - CYTOLOGY (630)	06/13/2003