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

LABORATORY NAME AND ADDRESS SPARROW CARSON HOSPITAL 406 E ELM STREET CARSON CITY, MI 48811-0879

CLIA ID NUMBER 23D0375313

EFFECTIVE DATE

07/21/2023

LABORATORY DIRECTOR

EXPIRATION DATE

MODINA R THRASHER M.D.

07/20/2025 ·

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.



Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

AD ORDITION (OODE)

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 CERTIFICA	TION (CODE)	EFFECTIVE DATE		LAB CERTIFICA	<u> FION (CODE)</u>	EFFECTIVE DATE
BACTERIOLOGY (110)		02/14/2019				
PARASITOLOGY (130)		02/15/2019				
VIROLOGY (140)		02/14/2019				
GENERAL IMMUNOLOGY	(220)	02/14/2019				
ROUTINE CHEMISTRY (3	10)	02/14/2019				
URINALYSIS (320)		02/15/2019				
ENDOCRINOLOGY (330)		02/14/2019				
TOXICOLOGY (340)		02/14/2019				
HEMATOLOGY (400)		02/14/2019				
ABO & RH GROUP (510)		02/14/2019				
ANTIBODY TRANSFUSIO	N (520)	02/14/2019				
ANTIBODY NON-TRANSF	USION (530)	02/14/2019				
COMPATIBILITY TESTING	G (550)	02/14/2019				
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