CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABOPATORY NAME AND ADDRESS KENTUCKY BLOOD CENTER, INC 3121 BEAUMONT CENTRE CIRCLE LEXINGTON, KY 40513

CLIA ID NUMBER 18D1100794

EFFECTIVE DATE

04/26/2023

EXPIRATION DATE

04/25/2025

LABORATORY DIRECTOR

DENNIS J WILLIAMS 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.

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Monique Spruill, Director Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

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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)

EFFECTIVE DATE

HEMATOLOGY (400)

04/26/2011

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.

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

KENTUCKY BLOOD CENTER 3121 BEAUMONT CENTRE CIRCLE LEXINGTON, KY 40513

CLIA ID NUMBER 18D0323279

EFFECTIVE DATE

07/27/2023

EXPIRATION DATE

07/26/2025

LABORATORY DIRECTOR

DENNIS J WILLIAMS 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.

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Monique Spruill, Director Division of Clinical Laboratory Improvement & Quality Quality & Safety Oversight Group Center for Clinical Standards and Quality

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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 CERT
ВА	CTERIOLOGY (110)	03/01/2004	
HE	MATOLOGY (400)	10/07/2005	
ΑB	O & RH GROUP (510)	10/07/2005	
ΑN	TIBODY TRANSFUSION (520)	10/07/2005	
ΑN	TIBODY NON-TRANSFUSION (530)	09/26/2008	
ΑN	ITIBODY IDENTIFICATION (540)	10/07/2005	
CC	MPATIBILITY TESTING (550)	10/07/2005	

LAB CERTIFICATION (CODE) EFFECTIVE DATE

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