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

LABORATORY NAME AND ADDRESS
GIFT OF HOPE ORGAN \& TISSUE DONOR NETW HISTOCOMPATIBILITY LABORATORY 425 SPRING LAKE DRIVE ITASCA, IL 60143-2076

LABORATORY DIRECTOR

## ChAK SUM Ho

CLIA ID NUMBER
14D0646591

EFFECTIVE DATE
10/20/2022
EXPIRATION DATE
10/19/2024

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

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:

CLIA ID Number: 14D0646591
GIFT OF HOPE ORGAN \& TISSUE DONOR NETW
HISTOCOMPATIBILITY LABORATORY
425 SPRING LAKE DRIVE
ITASCA, IL 60143-2076

STATE AGENCY ADDRESS AND PHONE NUMBER: ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIV OF HEALTH CARE FACILITIES \& PROGRAMS 525 W JEFFERSON ST/FOURTH FLR
SPRINGFIELD, IL 62761
(217)782-6747

