## **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

**CLIA ID NUMBER** 14D0646591

**EFFECTIVE DATE** 

10/20/2022

LABORATORY DIRECTOR

**EXPIRATION DATE** 

ChAK SUM Ho

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.



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

Certs2\_092022

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** 

HISTOCOMPATIBILTY (010)

01/22/2002

**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

**LABORATORY MAILING ADDRESS:**