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

LABORATORY NAME AND ADDRESS MEDIPATH LLC 4665 PONCE DE LEON BLVD CORAL GABLES, FL 33146

CLIA ID NUMBER 10D2064013

EFFECTIVE DATE

06/15/2024

EXPIRATION DATE

06/14/2026

LABORATORY DIRECTOR

PATRICIA I DELGADO 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.

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:

EFFECTIVE DATE LAB CERTIFICATION (CODE)

06/15/2022 **BACTERIOLOGY (110)** 06/15/2022 MYCOLOGY (120) 06/15/2022 PARASITOLOGY (130) 06/15/2022 VIROLOGY (140) 06/15/2022 HISTOPATHOLOGY (610) 06/15/2022 CYTOLOGY (630)

LAB CERTIFICATION (CODE)

EFFECTIVE DATE



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. CLIA ID Number: 10D2064013 MEDIPATH LLC 4665 PONCE DE LEON BLVD CORAL GABLES, FL 33146

STATE AGENCY ADDRESS AND PHONE NUMBER:
STATE OF FL/AGENCY FOR HEALTH CARE ADMIN
LABORATORY LICENSING UNIT
2727 MAHAN DR, MAIL STOP 32
TALLAHASSEE, FL 32308
(850)412-4500

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LABORATORY MAILING ADDRESS: