

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

LABORATORY NAME AND ADDRESS
NORTH SHORE TRANSFUSION SERVICES
ATTN LUCRETIA BOUDREAUX DIRECTOR QA & COMPLIANCE
1001 GAUSE BOULEVARD
SLIDELL, LA 70458

CLIA ID NUMBER
19D1071538

EFFECTIVE DATE
10/15/2017

LABORATORY DIRECTOR
DOMINICK GIOVANNIELLO D.O.

EXPIRATION DATE
10/14/2019

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.



Karen W. Dyer
Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

246 Certs2_091917

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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
GENERAL IMMUNOLOGY (220)	08/25/2015
ROUTINE CHEMISTRY (310)	08/25/2015
HEMATOLOGY (400)	06/06/2014
ABO & RH GROUP (510)	10/15/2007
ANTIBODY TRANSFUSION (520)	10/15/2007
ANTIBODY NON-TRANSFUSION (530)	06/06/2014
ANTIBODY IDENTIFICATION (540)	10/15/2007
COMPATIBILITY TESTING (550)	10/15/2007

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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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.