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

LABORATORY NAME AND ADDRESS 21 HICKORY DRIVE, SUITE 600 WALTHAM, MA 02451

LABORATORY DIRECTOR STEPHEN P NABER M.D.

EFFECTIVE DATE

03/31/2023

EXPIRATION DATE

03/30/2025

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:

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

ROUTINE CHEMISTRY (310)

03/31/2021





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: 22D2163166 NAVERIS 21 HICKORY DRIVE, SUITE 600 WALTHAM, MA 02451

STATE AGENCY ADDRESS AND PHONE NUMBER:
MA DEPT OF PUBLIC HEALTH -CLINICAL LAB PROGRAM
DIV OF HEALTHCARE LICENSURE&CERTIFICATION
67 FOREST STREET
MARLBOROUGH, MA 01752
(617)660-5385

LABORATORY MAILING ADDRESS: