

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

LABORATORY NAME AND ADDRESS
VIOMED LABORATORIES, INC
1447 YORK COURT, ROOM 105
ATTN BRIAN BURT
BURLINGTON, NC 27215

CLIA ID NUMBER
24D0400424

EFFECTIVE DATE
02/28/2021

LABORATORY DIRECTOR
KRISTEN L SMITH Ph.D.

EXPIRATION DATE
02/27/2023

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

68 Certs2_031621

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>
BACTERIOLOGY (110)	09/06/1995
VIROLOGY (140)	09/06/1995
SYPHILIS SEROLOGY (210)	07/29/2005
GENERAL IMMUNOLOGY (220)	09/06/1995
ABO & RH GROUP (510)	05/03/2017

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: 24D0400424
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 BURLINGTON, NC 27215

LABORATORY NAME AND ADDRESS
 VIROMED LABORATORIES, INC.
 1447 YORK COURT, ROOM 105
 ATTN: BRIAN BURT
 BURLINGTON, NC 27215

LABORATORY DIRECTOR
 RAYMOND J. SMITH, PH.D.

This certificate shall be valid only if the laboratory complies with the conditions of the CLIA '88 regulations and the conditions of the CLIA '88 regulations. The laboratory shall be held liable for any violation of the CLIA '88 regulations. The laboratory shall be held liable for any violation of the CLIA '88 regulations. The laboratory shall be held liable for any violation of the CLIA '88 regulations.

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 BURLINGTON, NC 27215



STATE AGENCY ADDRESS AND PHONE NUMBER:

NC DEPT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH FACILITIES/CLIA CERTIFICATION
 2713 MAIL SERVICE CENTER
 RALEIGH, NC 27699-2713
 (919)855-4620

LABORATORY ID CODE	EFFECTIVE DATE
BA-2713-01	09/01/07
VIROMED (1)	03/01/08
2713-01-01 (2)	03/01/08
VIROMED ALABAMA	09/01/08
ABO & BLOOD BANK	09/01/07

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE. YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. OR CONTACT YOUR LOCAL STATE AGENCY PLEASE SEE THE REVERSE FOR MORE INFORMATION ABOUT CLIA. VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA