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

LABORATORY NAME AND ADDRESS DPLM AT IU HEALTH SAXONY HOSPITAL FISHERS, IN 46037 13000 136TH ST

> CLIA ID NUMBER 15D2033196

EFFECTIVE DATE

10/17/2024

EXPIRATION DATE

10/16/2026

KAVITA UMRAU M.D.

LABORATORY DIRECTOR

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

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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:

ANTIBODY NON-TRANSFUSION (530) 10/17/2012 COMPATIBILITY TESTING (550) 10/17/2012	ABO & RH GROUP (510) 10/1 ANTIBODY TRANSFUSION (520) 10/1		(330)	URINALYSIS (320) 10/1	ROUTINE CHEMISTRY (310) CARREST 10/1	GENERAL IMMUNOLOGY (220) 03/0	PARASITOLOGY (130) 08/0	MYCOLOGY (120) 08/0	10)	LAB CERTIFICATION (CODE)
10/17/2012 10/17/2012	10/17/2012 10/17/2012	10/17/2012 10/17/2012	10/17/2012	10/17/2012	10/17/2012	03/09/2016	08/06/2013	08/06/2013	08/06/2013	EFFECTIVE DATE
								QYTOLOGY (630)	HISTOPATHOLOGY (610)	- LAB C
	CONTROL OF AN ACTOR AND ACTOR ACTOR AND ACTOR AND ACTOR AND ACTOR ACTOR ACTOR AND ACTOR							30)	LOGY (610)	LAB CERTIFICATION (CODE)