

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

PARKVIEW LAGRANGE HOSPITAL
207 NORTH TOWNLINE RD
LAGRANGE, IN 46761
LABORATORY DIRECTOR

CLIA ID NUMBER

15D0357805
EFFECTIVE DATE

01/03/2009
EXPIRATION DATE

ANAHIT NOWROUZI MD

01/02/2011

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.



Judith A. Yost

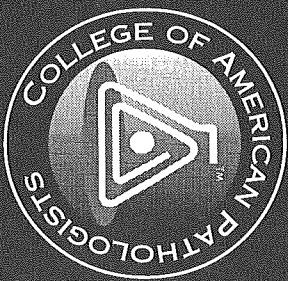
Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

716 certs2_120608

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:

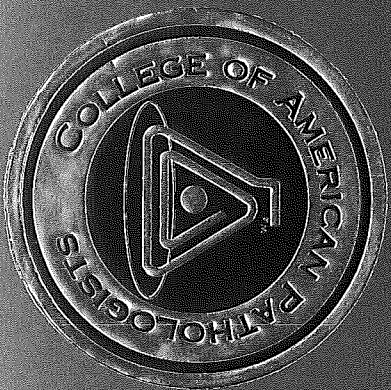
<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	12/17/1999	COMPATIBILITY TESTING (550)	12/17/1999
MYCOLOGY (120)	11/13/2003	HISTOPATHOLOGY (610)	12/17/1999
PARASITOLOGY (130)	11/13/2003	CYTOLOGY (630)	12/02/2005
VIROLOGY (140)	12/17/1999		
GENERAL IMMUNOLOGY (220)	12/17/1999		
ROUTINE CHEMISTRY (310)	12/17/1999		
URINALYSIS (320)	12/17/1999		
ENDOCRINOLOGY (330)	12/17/1999		
TOXICOLOGY (340)	12/17/1999		
HEMATOLOGY (400)	12/17/1999		
ABO & RH GROUP (510)	12/17/1999		
ANTIBODY TRANSFUSION (520)	12/17/1999		
ANTIBODY NON-TRANSFUSION (530)	11/13/2003		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.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.



Advancing Excellence

**Accredited
Laboratory**



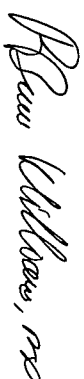
The College of American Pathologists
certifies that the laboratory named below

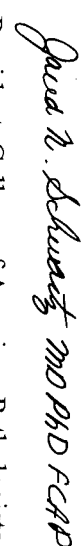
**Parkview LaGrange Hospital
Laboratory
LaGrange, Indiana
Anahit Nowrouzi, MD**

LAP Number: 1690301
AU-ID: 1017947
CLIA Number: 15D0357805

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to September 26, 2009 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.


Chair, Commission on Laboratory Accreditation


President, College of American Pathologists