

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

PARKVIEW WARSAW
1355 MARINER'S DR
WARSAW, IN 46582

CLIA ID NUMBER

15D2110278

EFFECTIVE DATE

03/11/2022

EXPIRATION DATE

03/10/2024

LABORATORY DIRECTOR

R CRAIG MCBRIDE M.D.

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.

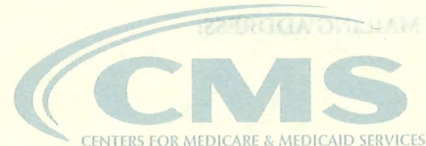


Monique Spruill

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

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- If this is a **Certificate of Registration**, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a **Certificate for Provider-Performed Microscopy Procedures**, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a **Certificate of Waiver**, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



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.

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CERTIFICATE OF NUMBER

LABORATORY NAME AND ADDRESS
PARKVIEW WARSAW
1109 PARKVIEW PLAZA DR
FORT WAYNE, IN 46845

CLIA ID NUMBER
15D2110278

ISSUANCE DATE
03/11/2023

EXPIRATION DATE
03/10/2024

This certificate is issued to the laboratory in accordance with the requirements of the CLIA statute, 42 CFR 493.120, and the implementing regulations. The laboratory is authorized to perform the tests listed on this certificate. This certificate is valid only for the tests listed on this certificate and is subject to the terms and conditions of the CLIA statute and the implementing regulations. The laboratory is required to maintain a current list of tests performed and to report any changes to the CLIA ID number to the CMS. The laboratory is required to maintain a current list of tests performed and to report any changes to the CLIA ID number to the CMS.

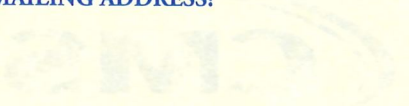
CLIA ID Number: 15D2110278
PARKVIEW WARSAW
PARKVIEW HLTH LAB/ATTN JOE LOCK
11109 PARKVIEW PLAZA DR
FORT WAYNE, IN 46845



STATE AGENCY ADDRESS AND PHONE NUMBER:

INDIANA STATE DEPARTMENT OF HEALTH
DIVISION OF ACUTE CARE SERVICES
2 NORTH MERIDIAN ST RM 4A
INDIANAPOLIS, IN 46204
(317)233-7502

LABORATORY MAILING ADDRESS:



PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
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