

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

**LABORATORY NAME AND ADDRESS**  
CLINICAL REFERENCE LABORATORY, INC  
1121 OLD HIGHWAY 56  
OLATHE, KS 66061

**CLIA ID NUMBER**  
17D2073338

**EFFECTIVE DATE**  
01/20/2018

**LABORATORY DIRECTOR**  
SHAWN R CLINTON Ph.D.

**EXPIRATION DATE**  
01/19/2020

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.



*Karen W. Dyer*  
Karen W. Dyer, Acting Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

195 certs2\_122617

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>
GENERAL IMMUNOLOGY (220)	01/20/2016
ROUTINE CHEMISTRY (310)	01/20/2016
TOXICOLOGY (340)	01/20/2016

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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.

<b>CLIA #</b> 17D2073338	<b>Name</b> CLINICAL REFERENCE LABORATORY, INC	<b>Most Current Survey</b>
<b>116 Complete</b> 02/17/2014	<b>Current</b> 3 Accreditation <b>Pending</b>	<b>Survey Pending Date</b>
<b>Exp Date</b> 01/19/2020	<b>Term Code</b> 00 Active Provider	<b>Last Upload</b> Success - 08/22/2018 <b>Enforcement Status</b>

[Demographics](#)
[Multiple Sites](#)
[Accred Org Info](#)
[Specialties](#)
[Additional Info](#)
[PT Info](#)
**An asterisk (\*) indicates the field is required**

**Schedule Codes**

116 1557  
 Comp  **Accred** 
Comp  **Accred** 
Schedule Code Chart

**Specialty Source** **Last Update Date**

116 Specialties
  Survey Specialties
  Specialty History
 116  Survey

**Total Annual test volume for:**

**All Waived Tests:**   No Testing  
**All PPM Tests:**   No Testing

SUB-SPECIALTY	ACCREDITING ORG	TEST VOLUME
<b>010 Histocompatibility</b>		
<input type="checkbox"/> 010 HISTOCOMPATABILITY <input type="checkbox"/> Transplant <input type="checkbox"/> Non Transplant	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>
<b>100 Microbiology</b>		
<input type="checkbox"/> 110 BACTERIOLOGY	<input type="text"/> <input type="button" value="v"/>	
<input type="checkbox"/> 115 MYCOBACTERIOLOGY	<input type="text"/> <input type="button" value="v"/>	
<input type="checkbox"/> 120 MYCOLOGY	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>
<input type="checkbox"/> 130 PARASITOLOGY	<input type="text"/> <input type="button" value="v"/>	
<input type="checkbox"/> 140 VIROLOGY	<input type="text"/> <input type="button" value="v"/>	

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[Demographics](#)
[Multiple Sites](#)
[Accred Org Info](#)
[Specialties](#)
[Additional Info](#)
[PT Info](#)
An asterisk (\*) indicates the field is required

<b>Schedule Codes</b>		
116	1557	
Comp <input type="checkbox"/>	Accred <input type="checkbox"/> A	Schedule Code Chart
Comp <input type="checkbox"/>	Accred <input type="checkbox"/> H	
<b>Specialty Source</b>		<b>Last Update Date</b>
<input checked="" type="radio"/> 116 Specialties <input type="radio"/> Survey Specialties <input type="radio"/> Specialty History		116 <input type="text" value="02/17/2014"/> Survey <input type="text" value="08/22/2018"/>
<input type="checkbox"/> 140 VIROLOGY	<input type="text"/>	
<b>200 Diag Immunology</b>		
<input checked="" type="checkbox"/> 210 SYPHILIS SEROLOGY	<input type="text" value="04 CAP"/>	
<input checked="" type="checkbox"/> 220 GENERAL IMMUNOLOGY	<input type="text" value="04 CAP"/>	<input type="text" value="1200"/>
<b>300 Chemistry</b>		
<input checked="" type="checkbox"/> 310 ROUTINE CHEMISTRY	<input type="text" value="04 CAP"/>	
<input checked="" type="checkbox"/> 320 URINALYSIS	<input type="text" value="04 CAP"/>	<input type="text" value="2400"/>
<input checked="" type="checkbox"/> 330 ENDOCRINOLOGY	<input type="text" value="04 CAP"/>	
<input checked="" type="checkbox"/> 340 TOXICOLOGY	<input type="text" value="04 CAP"/>	
<b>400 Hematology</b>		
<input checked="" type="checkbox"/> 400 HEMATOLOGY	<input type="text" value="04 CAP"/>	<input type="text" value="600"/>
<b>500 Immuno-Hematology</b>		
<input type="checkbox"/> 510 ABO GRP AND RH TYPE	<input type="text"/>	
<input type="checkbox"/> 520 ANTIBODY TRANSFUSION	<input type="text"/>	
<input type="checkbox"/> 530 ANTIBODY NON-TRANSFUSION	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 540 ANTIBODY ID	<input type="text"/>	
<input type="checkbox"/> 550 COMPATIBILITY TESTS	<input type="text"/>	
<b>600 Pathology</b>		



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- Demographics
- Multiple Sites
- Accred Org Info
- Specialties
- Additional Info
- PT Info

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### Schedule Codes

116	1557
Comp <input type="checkbox"/> Accred <input type="text" value="A"/>	Comp <input type="checkbox"/> Accred <input type="text" value="H"/>

[Schedule Code Chart](#)

### Specialty Source

### Last Update Date

116 Specialties  
  Survey Specialties  
  Specialty History

116   
 Survey

<b>400 Hematology</b>		
<input checked="" type="checkbox"/> 400 HEMATOLOGY	<input type="text" value="04 CAP"/> <input type="button" value="v"/>	<input type="text" value="600"/>
<b>500 Immuno-Hematology</b>		
<input type="checkbox"/> 510 ABO GRP AND RH TYPE	<input type="text"/> <input type="button" value="v"/>	
<input type="checkbox"/> 520 ANTIBODY TRANSFUSION	<input type="text"/> <input type="button" value="v"/>	
<input type="checkbox"/> 530 ANTIBODY NON-TRANSFUSION	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>
<input type="checkbox"/> 540 ANTIBODY ID	<input type="text"/> <input type="button" value="v"/>	
<input type="checkbox"/> 550 COMPATIBILITY TESTS	<input type="text"/> <input type="button" value="v"/>	
<b>600 Pathology</b>		
<input type="checkbox"/> 610 HISTOPATHOLOGY	<input type="text"/> <input type="button" value="v"/>	
<input type="checkbox"/> 620 ORAL PATHOLOGY	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>
<input type="checkbox"/> 630 CYTOLOGY	<input type="text"/> <input type="button" value="v"/>	
<b>800 Radiobioassay</b>		
<input type="checkbox"/> 800 RADIOBIOASSAY	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>
<b>900 Clinical Cytogenetics</b>		
<input type="checkbox"/> 900 CLINICAL CYTOGENETICS	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>

Total Annual Test Volume