

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

FLORIDAS BLOOD CENTER LAKE PARK REFERE
3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

LABORATORY DIRECTOR

RICHARD R GAMMON MD

CLIA ID NUMBER

10D0718824

EFFECTIVE DATE

07/27/2011

EXPIRATION DATE

07/26/2013

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.



A handwritten signature in cursive script that reads "Judith A. Yost".

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