

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

LABORATORY NAME AND ADDRESS  
INTERPATH LABORATORY- PENDLETON  
2460 SW PERKINS AVE  
PENDLETON, OR 97801-3971

CLIA ID NUMBER  
38D0628506

EFFECTIVE DATE  
01/01/2018

LABORATORY DIRECTOR  
REGINALD W WILSON M.D.

EXPIRATION DATE  
12/31/2019

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

237 certs2\_010918

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>
BACTERIOLOGY (110)	01/01/2000
MYCOBACTERIOLOGY (115)	01/01/2000
MYCOLOGY (120)	01/01/2000
PARASITOLOGY (130)	01/01/2000
VIROLOGY (140)	01/01/2000
SYPHILIS SEROLOGY (210)	01/01/2000
GENERAL IMMUNOLOGY (220)	01/01/2000
ROUTINE CHEMISTRY (310)	01/01/2000
URINALYSIS (320)	01/01/2000
ENDOCRINOLOGY (330)	03/29/2003
TOXICOLOGY (340)	03/29/2003
HEMATOLOGY (400)	01/01/2000

<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.