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

LABORATORY NAME AND ADDRESS REGIONAL MEDICAL LABORATORY 4144 S MINGO RD TULSA, OK 74146

CLIA ID NUMBER 37D2168023

EFFECTIVE DATE

02/26/2022

EXPIRATION DATE

02/25/2024

LABORATORY DIRECTOR

CINDI R STARKEY M.D.

Ptirsuant 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.



Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

Certs2_020122

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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
HISTOCOMPATIBILTY (010) BACTERIOLOGY (110) MYCOBACTERIOLOGY (115) MYCOLOGY (120) PARASITOLOGY (130) VIROLOGY (140) SYPHILIS SEROLOGY (210) GENERAL IMMUNOLOGY (220) ROUTINE CHEMISTRY (310) URINALYSIS (320) ENDOCRINOLOGY (340) HEMATOLOGY (400)	02/26/2020 02/26/2020 02/26/2020 02/26/2020	HISTOPATHOLOGY (610) CYTOLOGY (630) CYTOGENETICS (900)	02/26/2020 02/26/2020 02/26/2020
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