

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

LABORATORY NAME AND ADDRESS
MGH PATHOLOGY CENTER FOR INTEGRATED DI
13TH ST BLDG 149 RM 6616
CHARLESTOWN, MA 02129

CLIA ID NUMBER
22D2085707

EFFECTIVE DATE
04/21/2023

LABORATORY DIRECTOR
JOCHEN LENNERZ M.D.

EXPIRATION DATE
04/20/2025

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

31 Certs2_032123

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>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
CYTOGENETICS (900)	04/21/2015		



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.

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

LABORATORY NAME AND ADDRESS
MGH PATHOLOGY CENTER FOR INTEGRATED DI
13TH ST BLDG 149 RM 8618
CHARLESTOWN, MA 02129

LABORATORY DIRECTOR
JOHN J. LEMBERY, M.D.

CLIA ID NUMBER
22D2085707

EFFECTIVE DATE
04/21/2023

EXPIRATION DATE
04/20/2025

This certificate shall be valid until the expiration of the term, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

for the purpose of performing laboratory examinations or procedures.

the above named laboratory located at the address above listed (and other approved locations) may accept human specimens (CLIA).

Insured to Section 355 of the Public Health Service Act (42 U.S.C. 2635) as revised by the Clinical Laboratory Improvement Amendments (CLIA).

CLIA ID Number: 22D2085707
MGH PATHOLOGY CENTER FOR INTEGRATED DI
ATTN D H MACMILLAN
55 FRUIT ST GRB 536
BOSTON, MA 02114



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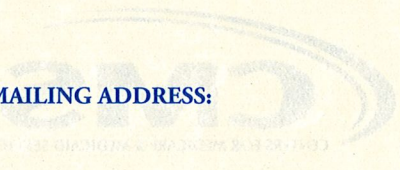
If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory

STATE AGENCY ADDRESS AND PHONE NUMBER: specialists/subspecialties you are certified to perform

MA DEPT OF PUBLIC HEALTH - CLINICAL LAB PROGRAM
DIV OF HEALTHCARE LICENSURE & CERTIFICATION
67 FOREST STREET
MARLBOROUGH, MA 01752
(617)660-5385

LAB CERTIFICATION (CODE)
CYTOGENETICS (800)
EFFECTIVE DATE
04/21/2023

LABORATORY MAILING ADDRESS:



PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER
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