

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
MISSISSIPPI VALLEY REGIONAL BLOOD CENT
5500 LAKEVIEW PARKWAY
DAVENPORT, IA 52807

CLIA ID NUMBER
16D0387896

EFFECTIVE DATE

12/12/2020

EXPIRATION DATE

12/11/2022

LABORATORY DIRECTOR

LOUIS M KATZ M.D.

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.



Amy M. Zale

Amy M. Zale, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

115 certs2_111720

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)	02/07/2017
HEMATOLOGY (400)	04/10/2012
ABO & RH GROUP (510)	12/12/1994
ANTIBODY TRANSFUSION (520)	12/12/1994
ANTIBODY NON-TRANSFUSION (530)	12/12/1994
ANTIBODY IDENTIFICATION (540)	12/12/1994
COMPATIBILITY TESTING (550)	12/12/1994

<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
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.