## CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
DIAGNOSTIC LABORATORY OF OKLAHOMA TRANSPLANT IMMUNOLOGY LABORATORY 3300 NW EXPRESSWAY, SUITE 2259 OKLAHOMA CITY, OK 73112

CLIA ID NUMBER 37D2068295

EFFECTIVE DATE

03/19/2024

EXPIRATION DATE

03/18/2026

LABORATORY DIRECTOR

JEFFREY M MCCORMACK Ph.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.



ision of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

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:

EFFECTIVE DATE

03/19/2014 HISTOCOMPATIBILTY (010) 02/21/2023 **BACTERIOLOGY (110)** 08/31/2022 MYCOLOGY (120) 08/31/2022 PARASITOLOGY (130) 03/30/2020 VIROLOGY (140)

LAB CERTIFICATION (CODE)

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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.