

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

LABORATORY NAME AND ADDRESS
KENTUCKY BLOOD CENTER
3121 BEAUMONT CENTRE CIRCLE
LEXINGTON, KY 40513

CLIA ID NUMBER
18D0323279

EFFECTIVE DATE
07/27/2019

LABORATORY DIRECTOR
DENNIS J WILLIAMS DIRECTOR

EXPIRATION DATE
07/26/2021

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, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

234 certs2_070219

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) | 03/01/2004 |
| HEMATOLOGY (400) | 10/07/2005 |
| ABO & RH GROUP (510) | 10/07/2005 |
| ANTIBODY TRANSFUSION (520) | 10/07/2005 |
| ANTIBODY NON-TRANSFUSION (530) | 09/26/2008 |
| ANTIBODY IDENTIFICATION (540) | 10/07/2005 |
| COMPATIBILITY TESTING (550) | 10/07/2005 |

LAB CERTIFICATION (CODE) EFFECTIVE DATE

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
KENTUCKY BLOOD CENTER
3121 BEAUMONT CENTRE CIRCLE
LEXINGTON, KY 40513

CLIA ID NUMBER
18D1100794

EFFECTIVE DATE
04/26/2021

LABORATORY DIRECTOR

DENNIS J WILLIAMS M.D.

EXPIRATION DATE
04/25/2023

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

155 Certs2_033021

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> |
|---------------------------------|-----------------------|---------------------------------|-----------------------|
| HEMATOLOGY (400) | 04/26/2011 | | |

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