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

LABORATORY NAME AND ADDRESS GIFT OF HOPE-INFECTIOUS DISEASE TESTIN 425 SPRING LAKE DR, 1ST FLOOR ITASCA, IL 60143-2076

**CLIA ID NUMBER** 14D1008981

**EFFECTIVE DATE** 

09/28/2024

LABORATORY DIRECTOR

**EXPIRATION DATE** 

CHAK-SUM HO Ph.D.

09/27/2026

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, Director Division 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:

<b>LAB CERTIFICATION (CODE)</b>	EFFECTIVE DATE	<b>LAB CERTIFICATION (CODE)</b>	<b>EFFECTIVE DATE</b>
HISTOCOMPATIBILITY (010)	02/01/2023		

09/28/2016 VIROLOGY (140) SYPHILIS SEROLOGY (210) 09/28/2016 GENERAL IMMUNOLOGY (220) 09/28/2016 ABO & RH GROUP (510) 02/01/2023

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STATE AGENCY ADDRESS AND PHONE NUMBER:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIV OF HEALTH CARE FACILITIES & PROGRAMS
525 W JEFFERSON ST/FOURTH FLR
SPRINGFIELD, IL 62761
(217)782-6747

LABORATORY MAILING ADDRESS: