

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS  
MGH SPECIAL FUNCTION LABS GROUP II  
55 FRUIT STREET, MASS GENERAL HOSPITAL  
BOSTON, MA 02114

CLIA ID NUMBER  
22D0928000

EFFECTIVE DATE  
11/04/2021

LABORATORY DIRECTOR  
KENT B LEWANDROWSKI M.D.

EXPIRATION DATE  
11/03/2023

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.

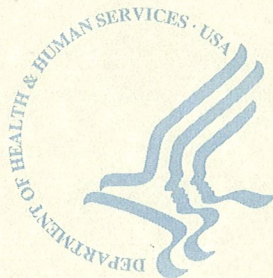
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Monique Spruill*  
Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

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- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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 PROVIDER-PERFORMED WORK COPY PROCEDURES

CLIA ID NUMBER  
22D0928000

EFFECTIVE DATE  
11/03/2021

EXPIRATION DATE  
11/03/2023

LABORATORY NAME AND ADDRESS  
MGH SPECIAL FUNCTION LABS GROUP II  
55 FRUIT STREET  
BOSTON, MA 02114

LABORATORY DIRECTOR  
KENT B LEWANDROWSKI M.D.

This certificate shall be valid until the expiration date, but is subject to review, suspension, or other sanctions for violation of the Act or the conditions prescribed thereunder. The purpose of performing laboratory examinations or procedures at the above named laboratory located at the address above is to provide services to patients and other approved locations. The above named laboratory is subject to review by the Clinical Laboratory Improvement Amendments (CLIA) pursuant to Section 352 of the Public Health Service Act (42 U.S.C. 2634) as amended.

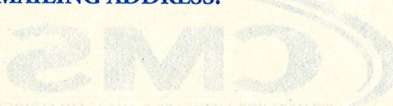
**CLIA ID Number: 22D0928000**  
MGH SPECIAL FUNCTION LABS GROUP II  
MGH, 55 FRUIT STREET  
GRB-536 / DO PATHOLOGY  
BOSTON, MA 02114



**STATE AGENCY ADDRESS AND PHONE NUMBER:**

MA DEPT OF PUBLIC HEALTH - CLINICAL LAB PROGRAM  
Div of Healthcare Licensure & Certification  
67 FOREST STREET  
MARLBOROUGH, MA 01752  
(617)753-7307

**LABORATORY MAILING ADDRESS:**



PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.  
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