

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

11/04/2023

LABORATORY DIRECTOR

KENT B LEWANDROWSKI M.D.

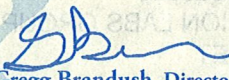
EXPIRATION DATE

11/03/2025

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.

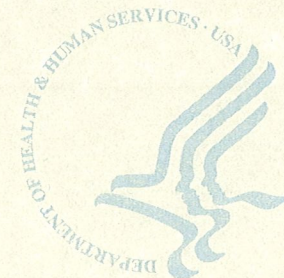
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.




Gregg Brandush, 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
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 MICROSCOPY PROCEDURES
LABORATORY NAME AND ADDRESS
MGH SPECIAL FUNCTION LABS GROUP II
55 FRUIT STREET, MASS GENERAL HOSPITAL
BOSTON, MA 02114
LABORATORY DIRECTOR
KENT B LEWANDROWSKI M.D.
CLIA ID NUMBER
32D0928000
EFFECTIVE DATE
11/04/2023
EXPIRATION DATE
11/03/2028

This certificate shall be valid until the expiration date, but is subject to suspension, revocation, or other action for violation of the Act or the regulations promulgated thereunder.
For the purpose of performing laboratory tests, this certificate is not valid until the expiration date, but is subject to suspension, revocation, or other action for violation of the Act or the regulations promulgated thereunder.
The above named laboratory, located at the address shown herein (and any approved location) may accept human specimens pursuant to Section 162 of the Public Health Service Act (42 U.S.C. 262a) as required by the Clinical Laboratory Improvement Amendments (CLIA).

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)660-5385

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
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