CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

MGH PATHOLOGY CENTER FOR INTEGRATED DI
13TH ST BLDG 149 RM 6616
CHARLESTOWN, MA 02129

CLIA ID NUMBER

22D2085707

EFFECTIVE DATE

04/21/2019

LABORATORY DIRECTOR

JOCHEN LENNERZ M.D.

EXPIRATION DATE

04/20/2021

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.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

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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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
CYTOGENETICS (900)	04/21/2015		

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.

CLIA ID Number: 22D2085707

MGH PATHOLOGY CENTER FOR INTEGRATED DI
ATTN D H MACMILLAN
55 FRUIT ST GRB 536
BOSTON, MA 02114

STATE AGENCY ADDRESS AND PHONE NUMBER:

DEPARTMENT OF PUBLIC HEALTH
CLINICAL LABORATORY PROGRAM
99 CHAUNCY STREET 11TH FLOOR
BOSTON, MA 02111
(617)753-7307

LABORATORY MAILING ADDRESS: