

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

**LABORATORY NAME AND ADDRESS**  
MGH DEPARTMENT OF PATHOLOGY  
55 FRUIT STREET GRB 539  
BOSTON, MA 02114

**CLIA ID NUMBER**  
22D0650226

**EFFECTIVE DATE**  
10/20/2022

**LABORATORY DIRECTOR**  
KENT B LEWANDROWSKI M.D.

**EXPIRATION DATE**  
10/19/2024

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 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> |
|---------------------------------|-----------------------|---------------------------------|-----------------------|
| HISTOCOMPATIBILITY (010)        | 01/29/2001            | ABO & RH GROUP (510)            | 11/15/2001            |
| BACTERIOLOGY (110)              | 11/15/2001            | ANTIBODY TRANSFUSION (520)      | 11/15/2001            |
| MYCOBACTERIOLOGY (115)          | 11/15/2001            | ANTIBODY NON-TRANSFUSION (530)  | 11/15/2001            |
| MYCOLOGY (120)                  | 11/15/2001            | ANTIBODY IDENTIFICATION (540)   | 11/15/2001            |
| PARASITOLOGY (130)              | 11/15/2001            | COMPATIBILITY TESTING (550)     | 11/15/2001            |
| VIROLOGY (140)                  | 11/15/2001            | HISTOPATHOLOGY (610)            | 11/15/2001            |
| SYPHILIS SEROLOGY (210)         | 11/15/2001            | CYTOLOGY (630)                  | 11/15/2001            |
| GENERAL IMMUNOLOGY (220)        | 11/15/2001            | CYTOGENETICS (900)              | 08/27/2011            |
| ROUTINE CHEMISTRY (310)         | 11/15/2001            |                                 |                       |
| URINALYSIS (320)                | 11/15/2001            |                                 |                       |
| ENDOCRINOLOGY (330)             | 11/15/2001            |                                 |                       |
| TOXICOLOGY (340)                | 11/15/2001            |                                 |                       |
| HEMATOLOGY (400)                | 11/15/2001            |                                 |                       |

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.

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

CLIA ID NUMBER  
22D0650226

LABORATORY NAME AND ADDRESS  
MGH DEPARTMENT OF PATHOLOGY  
55 FRUIT STREET GRB 536  
BOSTON, MA 02114

EFFECTIVE DATE  
10/20/2022

LABORATORY DIRECTOR

EXPIRATION DATE  
10/19/2024

KENT B LEWANDROWSKI M.D.

This certificate shall be valid only for the laboratory listed on this certificate, and it is not to be used for any other laboratory, or other sections, or for the purpose of performing laboratory tests, or for any other purpose. This certificate is issued to the laboratory listed on this certificate, and it is not to be used for any other laboratory, or other sections, or for any other purpose. (CLIA)

**CLIA ID Number: 22D0650226**  
MGH DEPARTMENT OF PATHOLOGY  
ATTN MGH DO PATHOLOGY / GRB - 536  
55 FRUIT STREET  
BOSTON, MA 02114



If you currently hold a Certificate of Accreditation or Certificate of Compliance or Certificate of Approval, below is a list of the laboratory

**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

**LAB CERTIFICATION (CODE) EFFECTIVE DATE**

| LAB CERTIFICATION (CODE) | EFFECTIVE DATE |
|--------------------------|----------------|
| HISTOCOMPATIBILITY (010) | 01/25/2001     |
| BACTERIOLOGY (110)       | 11/15/2001     |
| MYC BACTERIOLOGY (115)   | 11/15/2001     |
| MYCOLOGY (120)           | 11/15/2001     |
| PARASITOLOGY (130)       | 11/15/2001     |
| PHYSIOLOGY (140)         | 11/15/2001     |
| SYPHILIS SEROLOGY (210)  | 11/15/2001     |
| GENERAL IMMUNOLOGY (220) | 11/15/2001     |
| ROUTINE CHEMISTRY (310)  | 11/15/2001     |
| URINALYSIS (320)         | 11/15/2001     |
| ENDOCRINOLOGY (330)      | 11/15/2001     |
| TOXICOLOGY (340)         | 11/15/2001     |
| HEMATOLOGY (400)         | 11/15/2001     |

**LABORATORY MAILING ADDRESS:**

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
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