

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

LABORATORY NAME AND ADDRESS
NORTH SHORE TRANSFUSION SERVICES
1001 GAUSE BOULEVARD
SLIDELL, LA 70458

CLIA ID NUMBER
19D1071538

EFFECTIVE DATE
10/15/2021

LABORATORY DIRECTOR
TIM G PETERSON M.D.

EXPIRATION DATE
10/14/2023

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

206 Certs2_092121

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>
GENERAL IMMUNOLOGY (220)	08/25/2015
ROUTINE CHEMISTRY (310)	08/25/2015
HEMATOLOGY (400)	06/06/2014
ABO & RH GROUP (510)	10/15/2007
ANTIBODY TRANSFUSION (520)	10/15/2007
ANTIBODY NON-TRANSFUSION (530)	06/06/2014
ANTIBODY IDENTIFICATION (540)	10/15/2007
COMPATIBILITY TESTING (550)	10/15/2007

LAB CERTIFICATION (CODE) EFFECTIVE DATE



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.