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

LABORATORY NAME AND ADDRESS COMMUNITY MEDICAL CENTER LAB 2827 FORT MISSOULA ROAD MISSOULA, MT 59804-7407 CLIA ID NUMBER 27D0666145

EFFECTIVE DATE

01/03/2017

EXPIRATION DATE

01/02/2019

LABORATORY DIRECTOR

NICOLE M FINKE M.D.

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.



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 |
|----------------------------|----------------|
| BACTERIOLOGY (110) | 03/16/2001 |
| MYCOLOGY (120) | 03/16/2001 |
| PARASITOLOGY (130) | 03/16/2001 |
| VIROLOGY (140) | 03/16/2001 |
| SYPHILIS SEROLOGY (210) | 03/16/2001 |
| GENERAL IMMUNOLOGY (220) | 03/16/2001 |
| ROUTINE CHEMISTRY (310) | 03/16/2001 |
| URINALYSIS (320) | 03/16/2001 |
| ENDOCRINOLOGY (330) | 03/16/2001 |
| TOXICOLOGY (340) | 03/16/2001 |
| HEMATOLOGY (400) | 03/16/2001 |
| ABO & RH GROUP (510) | 03/16/2001 |
| ANTIBODY TRANSFUSION (520) | 07/11/2002 |

| LAB CERTIFICATION (CODE) | EFFECTIVE DATE |
|--------------------------------|----------------|
| ANTIBODY NON-TRANSFUSION (530) | 07/11/2002 |
| ANTIBODY IDENTIFICATION (540) | 07/11/2002 |
| COMPATIBILITY TESTING (550) | 07/11/2002 |
| HISTOPATHOLOGY (610) | 07/11/2002 |
| ORAL PATHOLOGY (620) | 07/11/2002 |
| CYTOLOGY (630) | 07/11/2002 |
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YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

CLIA ID Number: 27D0666145 COMMUNITY MEDICAL CENTER LAB 2827 FORT MISSOULA ROAD MISSOULA, MT 59804-7407

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STATE AGENCY ADDRESS AND PHONE NUMBER:

MONTANA DIVISION OF QUALITY ASSURANCE CLIA PRO DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVIC 2401 COLONIAL DRIVE, 2ND FLOOR PO BOX 202953 HELENA, MT 59620-2953 (406)444-2099

LABORATORY MAILING ADDRESS: