CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

GERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

BEAUMONT HOSPITAL DEARBORN 18101 OAKWOOD BOULEVARD ROOM E 220 DEARBORN, MI 48124

CLIA ID NUMBER 23D0685447

EFFECTIVE DATE

09/08/2021

EXPIRATION DATE

09/07/2023

LABORATORY DIRECTOR

JEREMY POWERS 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 oc the regulations promulgated thereunder.

EPARTME

ion of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

certs2_081021

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)	09/08/1995
MYCOBACTERIOLOGY (115)	09/08/1995
MYCOLOGY (120)	07/02/2002
PARASITOLOGY (130)	09/08/1995
VIROLOGY (140)	09/08/1995
SYPHILIS SEROLOGY (210) SRVICES GENERAL IMMUNOLOGY (220)	07/01/2000
GENERAL IMMUNOLOGY (220)	09/08/1995
ROUTINE CHEMISTRY (310)	09/08/1995
URINALYSIS (320)	09/08/1995
ENDOCRINOLOGY (330)	09/08/1995
TOXICOLOGY (340)	03/29/2003
HEMATOLOGY (400) ABO & RH GROUP (510)	09/08/1995
ABO & RH GROUP (510)	09/08/1995

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
ANTIBODY TRANSFUSION (520)	09/08/1995
ANTIBODY NON-TRANSFUSION (530)	09/08/1995
ANTIBODY IDENTIFICATION (540)	09/08/1995
COMPATIBILITY TESTING (550)	09/08/1995
HISTOPATHOLOGY (610)	09/08/1995
CYTOLOGY (630)	06/13/2003



CLIA ID Number: 23D0685447

BEAUMONT HOSPITAL DEARBORN
BEAUMONT HOSPITAL DEARBORN - LAB ADMINISTRATION
18101 OAKWOOD BLVD ROOM E220
DEARBORN, MI 48124

STATE AGENCY ADDRESS AND PHONE NUMBER:

MI DEPT OF LICENSING AND REGULATORY AFFAIRS LABORATORY IMPROVEMENT SECTION BOX 30664 611 W OTTAWA STREET FIRST FLOOR LANSING, MI 48909 (517)241-2648

LABORATORY MAILING ADDRESS: