CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

PATHOLOGY REFERENCE LABORATORY LLC 9600 DATAPOINT DRIVE SAN ANTONIO, TX 78229-2028

CLIA ID NUMBER 45D0974323

EFFECTIVE DATE

05/08/2021

EXPIRATION DATE

05/07/2023

LABORATORY DIRECTOR

BRIAN D TOWELL 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.

DEPARTME



Monique Spruill, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

Certs2_041321

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)	09/18/2003
MYCOLOGY (120)	09/22/2010
PARASITOLOGY (130)	09/22/2010
VIROLOGY (140)	09/18/2003
GENERAL IMMUNOLOGY (220)	09/27/2006
HISTOPATHOLOGY (610)	05/08/2001
ORAL PATHOLOGY (620)	01/12/2012
CYTOLOGY (630)	06/13/2003
CYTOGENETICS (900)	06/02/2008

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. CLIA ID Number: 45D0974323

PATHOLOGY REFERENCE LABORATORY LLC
ATTENTION JOE ESCOBEDO
9600 DATAPOINT DRIVE
SAN ANTONIO, TX 78229-2028

STATE AGENCY ADDRESS AND PHONE NUMBER:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES FACILITY LICENSING GROUP (MC 1979) PO BOX 149347 AUSTIN, TX 78714-9347 (512)834-6792

LABORATORY MAILING ADDRESS: