CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

ASANTE ROGUE REGIONAL MEDICAL CTR COUMADIN CLINIC 2868 CREEKSIDE CIRCLE MEDFORD, OR 97504 CLIA ID NUMBER

38D2018199

EFFECTIVE DATE

12/28/2024

LABORATORY DIRECTOR

DANIELLE ENNIS

EXPIRATION DATE

12/27/2026

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.



Gregg Brandush, Director

Division of Clinical Laboratory Improvement & Quality Quality & Safety Oversight Group

Center for Clinical Standards and Quality

If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.