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

LABORATORY NAME AND ADDRESS
ASANTE ROGUE REGIONAL MEDICAL CTR COUM
2868 CREEKSIDE CIRCLE
MEDFORD, OR 97504

CLIA ID NUMBER
38D2018199

EFFECTIVE DATE
12/28/2020

LABORATORY DIRECTOR
DANIELLE ENNIS MLS (CM)

EXPIRATION DATE
12/27/2022

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 herein (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.

Amy M. Zale
Acting Director
Division of Clinical Laboratory Improvement & Quality
Quality, Safety & Oversight Group
Center for Clinical Standards and Quality

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.