CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

ASANTE THREE RIVERS MEDICAL CENTER LAB 500 SW RAMSEY AVENUE GRANTS PASS, OR 97527

CLIA ID NUMBER 38D0662888

EFFECTIVE DATE

01/01/2024

EXPIRATION DATE

12/31/2025

LABORATORY DIRECTOR

GEOFFREY P TURNER 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 antil the expiration that above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

ision of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group
Center for Clinical Standards and Quality

Certs2_120523

LAB CERTIFICATION (CODE)

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:							

EFFECTIVE DATE

01/01/2000
06/01/2001
11/09/2018
01/01/2000
01/01/2000
01/01/2000
01/01/2000
11/20/2003
01/01/2000
01/01/2000
01/01/2000
01/01/2000
04/24/2009



EFFECTIVE DATE

COMPATIBILITY TESTING (550)

01/01/2000



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.