

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

LABORATORY NAME AND ADDRESS
BWH CYTOGENETICS LABORATORY
75 FRANCIS STREET
BOSTON, MA 02115

CLIA ID NUMBER
22D2040973

EFFECTIVE DATE
08/23/2022

LABORATORY DIRECTOR
AZRA H LIGON PHD DIRECTOR

EXPIRATION DATE
08/22/2024

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.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

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:

| <u>LAB CERTIFICATION (CODE)</u> | <u>EFFECTIVE DATE</u> | <u>LAB CERTIFICATION (CODE)</u> | <u>EFFECTIVE DATE</u> |
|---------------------------------|-----------------------|---------------------------------|-----------------------|
| CYTOGENETICS (900) | 08/23/2012 | | |



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: 22D2040973
BWH CYTOGENETICS LABORATORY
ATTN ELLEN M GOONAN BRIGHAM & WOMEN'S HOSPITAL
75 FRANCIS STREET, RM LB2-215
BOSTON, MA 02115

CLIA ID NUMBER

LABORATORY NAME AND ADDRESS

EFFECTIVE DATE

75 FRANCIS STREET
BOSTON, MA 02115

08/23/2022

EXPIRATION DATE

LABORATORY DIRECTOR

07/23/24

ELLEN M GOONAN, PhD DIRECTOR

This certificate shall be valid until the expiration date unless a suspension, revocation, or other action is taken by the Department of Health and Human Services (HHS) or the Centers for Medicare & Medicaid Services (CMS). This certificate is issued to the laboratory for the purpose of performing the tests listed on the certificate. The laboratory is required to comply with the conditions of this certificate. For more information, please visit the website at www.cms.gov/CLIA.

CLIA ID Number: 22D2040973

BWH CYTOGENETICS LABORATORY
ATTN ELLEN M GOONAN BRIGHAM & WOMEN'S HOSPITAL
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BOSTON, MA 02115



STATE AGENCY ADDRESS AND PHONE NUMBER:

MA DEPT OF PUBLIC HEALTH - CLINICAL LAB PROGRAM
DIV OF HEALTHCARE LICENSURE & CERTIFICATION
67 FOREST STREET
MARLBOROUGH, MA 01752
(617)753-7307

LAB CERTIFICATION CODE

EFFECTIVE DATE

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
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