

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

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

CLIA ID NUMBER
22D2040975

EFFECTIVE DATE
08/23/2024

LABORATORY DIRECTOR
JEFFREY MITO M.D.

EXPIRATION DATE
08/22/2026

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.



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

13 certs2_072324

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>
CYTOLOGY (630)	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.

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CENTERS FOR MEDICAL & MEDICAL SERVICES

CLIA ID NUMBER
22D2040975

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

EFFECTIVE DATE

01/25/2015

EXPIRATION DATE

01/25/2015

LABORATORY DIRECTOR

JEFFREY MITCHELL

This certificate shall be valid until the expiration date shown on this certificate, unless the laboratory is notified in writing by the Center for Clinical Laboratory Improvement Amendments (CCLIA) of a suspension or revocation of the certificate. The laboratory shall be notified in writing by the Center for Clinical Laboratory Improvement Amendments (CCLIA) of a suspension or revocation of the certificate. For the purpose of this certificate, the laboratory is not subject to the provisions of the Clinical Laboratory Improvement Amendments (CLIA) of 1988, as amended, in the State of Massachusetts. The laboratory is not subject to the provisions of the Clinical Laboratory Improvement Amendments (CLIA) of 1988, as amended, in the State of Massachusetts.

CLIA ID Number: 22D2040975

BWH CYTOLOGY LABORATORY
ELLEN M GOONAN BRIGHAM AND WOMEN'S HOSPITAL
75 FRANCIS STREET, AMORY 2, ROOM 215
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)660-5385

LABORATORY CODE

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LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CLINICAL
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
OR CONTACT YOUR LOCAL STATE AGENCY PLEASE SEE THE REVERSE FOR
FOR MORE INFORMATION ABOUT CLIA VISIT OUR WEBSITE AT WWW.CCLIA.GOV