CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

STANFORD CLINICAL LABORATORY AT HILLVI
3375 HILLVIEW AVENUE
PALO ALTO, CA 94304

CLIA ID NUMBER

05D1038598

EFFECTIVE DATE

05/18/2016

LABORATORY DIRECTOR

DANIEL A ARBER, MD

EXPIRATION DATE

05/17/2018

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.

Karen W. Dyer

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	09/19/2007		
MYCOBACTERIOLOGY (115)	09/19/2007		
MYCOLOGY (120)	09/19/2007		
PARASITOLOGY (130)	09/19/2007		
VIROLOGY (140)	09/19/2007		
SYPHILIS SEROLOGY (210)	09/19/2007		
GENERAL IMMUNOLOGY (220)	09/19/2007		
ROUTINE CHEMISTRY (310)	05/18/2006		
ENDOCRINOLOGY (330)	09/19/2007		
TOXICOLOGY (340)	09/25/2008		
HEMATOLOGY (400)	03/12/2008		
HISTOPATHOLOGY (610)	10/23/2012		
CYTOGENETICS (900)	05/18/2006		

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.