

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

***CERTIFICATE OF REGISTRATION***

**LABORATORY NAME AND ADDRESS**

STANFORD HEALTH CARE CASTRO VALLEY INFUSION CENTER  
LAB  
20055 LAKE CHABOT RD STE 130  
CASTRO VALLEY, CA 94546

**CLIA ID NUMBER**

05D0599219

**EFFECTIVE DATE**

07/22/2024

**LABORATORY DIRECTOR**

JASON H. KURZER

**EXPIRATION DATE**

07/21/2026

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.



A handwritten signature in blue ink, appearing to read 'Gregg Brandush', is written over a faint, large watermark of the Department of Health and Human Services eagle.

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

If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.

**PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.  
FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA).**