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

CERTIFICATE OF ACCREDITATION

BWH SURGICAL PATHOLOGY
75 FRANCIS STREET
BOSTON, MA 02115

22D0705149

EFFECTIVE DATE

01/03/2023

**EXPIRATION DATE** 

01/02/2025

LABORATORY DIRECTOR

CHRISTOPHER FLETCHER DM MD DIREC

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.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES Monigue Sprull Director

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:

## LAB CERTIFICATION (CODE) EFFECTIVE DATE

HISTOPATHOLOGY (610) 03/13/2001 ORAL PATHOLOGY (620) 02/14/2003



LAB CERTIFICATION (CODE)

EFFECTIVE DATE



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: 22D0705149
BWH SURGICAL PATHOLOGY
ELLEN M GOONAN BRIGHAM AND WOMEN'S HOSPITAL
75 FRANCIST STREET, AMORY 2, ROOM 215
BOSTON, MA 02115

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MA DEPT OF PUBLIC HEALTH -CLINICAL LAB PROGRAM DIV OF HEALTHCARE LICENSURE&CERTIFICATION 67 FOREST STREET MARLBOROUGH, MA 01752 (617)660-5385

**LABORATORY MAILING ADDRESS:**