

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

LABORATORY NAME AND ADDRESS
HISTOLOGY ASSOCIATES INC
22108 HARPER AVENUE
ST CLAIR SHORES, MI 48080-1830

CLIA ID NUMBER
23D0650582

EFFECTIVE DATE
01/19/2024

LABORATORY DIRECTOR
RAHUL SHARMA Ph.D.

EXPIRATION DATE
01/18/2026

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

149 Certs2_121923

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>
HISTOPATHOLOGY (610)	02/28/2003		



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: 23D0650582
HISTOLOGY ASSOCIATES INC
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ST CLAIR SHORES, MI 48080-1830

STATE AGENCY ADDRESS AND PHONE NUMBER:
MI DEPT OF LICENSING AND REGULATORY AFFAIRS
LABORATORY IMPROVEMENT SECTION
BOX 30838
611 W OTTAWA STREET FIRST FLOOR
LANSING, MI 48909
(517)241-2648

LABORATORY MAILING ADDRESS: