

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF COMPLIANCE*

LABORATORY NAME AND ADDRESS

CENTER FOR MITOCHONDRIAL DISEASES  
CWRU SCHOOL OF MEDICINE, PHARMACOLOGY  
2109 ADELBERT RD, W147-W152, WOOD BLDG  
CLEVELAND, OH 44106

CLIA ID NUMBER

36D0925804

EFFECTIVE DATE

08/05/2015

EXPIRATION DATE

08/04/2017

LABORATORY DIRECTOR

CHARLES L HOPPEL M.D.

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 that reads "Karen W. Dyer". The signature is written in a cursive style.

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