

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

LABORATORY NAME AND ADDRESS
CENTER FOR MITOCHONDRIAL DISEASES
CWRU SCHOOL OF MEDICINE, DEPT OF PHARM
2109 ADELBERT ROAD, W147-W152, WOOD BLDG
CLEVELAND, OH 44106

CLIA ID NUMBER
36D0925804

EFFECTIVE DATE
08/05/2011

LABORATORY DIRECTOR
CHARLES L HOPPEL

EXPIRATION DATE
08/04/2013

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 cursive script that reads "Judith A. Yost".

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations