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

LABORATORY NAME AND ADDRESS WU DERMATOPATHOLOGY LAB 4320 FOREST PARK ROOM 212 SAINT LOUIS, MO 63108

**CLIA ID NUMBER** 26D2057162

**EFFECTIVE DATE** 

03/26/2024

**EXPIRATION DATE** 

03/25/2026

LABORATORY DIRECTOR

LEIGH COMPTON 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 antil the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

Certs2\_022724

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** 

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

HISTOPATHOLOGY (610)

03/26/2014





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.