

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

**LABORATORY NAME AND ADDRESS**  
**PHYSICIANS LABORATORY SERVICES INC D/B**  
**PHYSICIANS LABORATORY PC**  
**7441 O STREET SUITE 100**  
**LINCOLN, NE 68510**

**CLIA ID NUMBER**  
**28D0455307**

**EFFECTIVE DATE**  
**08/05/2019**

**LABORATORY DIRECTOR**  
**JOSLIN M CARSON M.D.**

**EXPIRATION DATE**  
**08/04/2021**

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.



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

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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>
BACTERIOLOGY (110)	12/19/2002
MYCOLOGY (120)	12/07/2000
PARASITOLOGY (130)	12/07/2000
VIROLOGY (140)	12/07/2000
SYPHILIS SEROLOGY (210)	01/01/2012
GENERAL IMMUNOLOGY (220)	08/05/1993
ROUTINE CHEMISTRY (310)	08/05/1993
URINALYSIS (320)	08/05/1993
ENDOCRINOLOGY (330)	01/26/1999
HEMATOLOGY (400)	08/05/1993
CYTOLOGY (630)	07/22/2003

LAB CERTIFICATION (CODE)      EFFECTIVE DATE



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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.