

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

LABORATORY NAME AND ADDRESS

FLORIDA DEPARTMENT OF HEALTH
BUREAU OF FAMILY HEALTH SERVICES
2585 MERCHANTS ROW BLVD RM 330A
TALLAHASSEE, FL 32311

CLIA ID NUMBER

10D0982541

EFFECTIVE DATE

10/08/2021

LABORATORY DIRECTOR

KARLA K BASS R.N.

EXPIRATION DATE

10/07/2023

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 "Monique Spruill".

Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality