

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS  
ROCK RIVER VALLEY BLOOD CENTER D/B/A  
NORTHERN ILLINOIS BLOOD BANK INC  
419 N 6TH ST  
ROCKFORD, IL 61107-4104

CLIA ID NUMBER  
14D0646750

EFFECTIVE DATE  
07/27/2021

LABORATORY DIRECTOR  
ROGER D HILBERT MD

EXPIRATION DATE  
07/26/2023

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.



*Monique Spruill*

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

303 certs2\_062921

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)	02/12/2004
GENERAL IMMUNOLOGY (220)	12/24/2010
HEMATOLOGY (400)	07/27/1995
ABO & RH GROUP (510)	07/27/1995
ANTIBODY TRANSFUSION (520)	01/01/2007
ANTIBODY NON-TRANSFUSION (530)	06/22/2015
ANTIBODY IDENTIFICATION (540)	07/27/1995
COMPATIBILITY TESTING (550)	01/01/2007

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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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.