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

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

ROCK RIVER VALLEY BLOOD CENTER 1740 S STATE ST BELVIDERE, IL 61008

LABORATORY DIRECTOR

TRICIA LINDEMAN

**CLIA ID NUMBER** 

14D1092862

**EFFECTIVE DATE** 

12/04/2022

**EXPIRATION DATE** 

12/03/2024

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.



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