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

EFFECTIVE DATE

07/27/2023

CLIA ID NUMBER

14D0646750

EXPIRATION DATE

07/26/2025

LABORATORY DIRECTOR

ROGER D HILBERT 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 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, Director Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

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:

EFFECTIVE DATE

01/01/2007

BACTERIOLOGY (110)	02/12/2004
GENERAL IMMUNOLOGY (220)	12/24/2010
ROUTINE CHEMISTRY (310)	04/26/2023
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)

LAB CERTIFICATION (CODE)

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

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.