

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF WAIVER*

**LABORATORY NAME AND ADDRESS**

ROCK RIVER VALLEY BLOOD CENTER  
418 N LONGWOOD ST  
ROCKFORD, IL 61107

**CLIA ID NUMBER**

14D2257340

**EFFECTIVE DATE**

04/04/2024

**LABORATORY DIRECTOR**

TRICIA M. LINDEMAN

**EXPIRATION DATE**

04/03/2026

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, appearing to read "Gregg Brandush".

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

If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.