



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

University of Michigan Hospitals & Health Centers Department of Pathology Peter A. Ward, MD

LAP Number: 1714201
AU-ID: 1183050

*has met all applicable standards for accreditation and
is hereby fully accredited by the College of American Pathologists'
Laboratory Accreditation Program. Reinspection should occur
within 30 days prior to May 31, 2003 to maintain accreditation.*

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Stephen B. Spaulin, M.D.

Chair, Commission on Laboratory Accreditation

Paul E. Burchum, MD

President, College of American Pathologists

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

LABORATORY NAME AND ADDRESS
 UNIVERSITY OF MICHIGAN
 PATHOLOGY LABORATORIES
 1500 E MEDICAL CTR DR
 ANN ARBOR, MI 48109-0999

CLIA ID NUMBER
 23D0366712

EFFECTIVE DATE
 10/20/2002

LABORATORY DIRECTOR
 PETER A WARD

EXPIRATION DATE
 10/19/2004

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.



Judith A. Yost

Judith A. Yost, Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Medicaid and State Operations

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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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
HISTOCOMPATIBILITY (010)	10/20/1994	ABO & RH GROUP (510)	10/20/1994
BACTERIOLOGY (110)	10/20/1994	ANTIBODY TRANSFUSION (520)	10/20/1994
MYCOBACTERIOLOGY (115)	10/20/1994	ANTIBODY NON-TRANSFUSION (530)	10/20/1994
MYCOLOGY (120)	10/20/1994	ANTIBODY IDENTIFICATION (540)	10/20/1994
PARASITOLOGY (130)	10/20/1994	COMPATIBILITY TESTING (550)	10/20/1994
VIROLOGY (140)	10/20/1994	HISTOPATHOLOGY (610)	10/20/1994
SYPHILIS SEROLOGY (210)	10/20/1994	ORAL PATHOLOGY (620)	10/20/1994
GENERAL IMMUNOLOGY (220)	10/20/1994	CYTOLOGY (630)	10/20/1994
ROUTINE CHEMISTRY (310)	10/20/1994	RADIOBIOASSAY (800)	10/20/1994
URINALYSIS (320)	10/20/1994	CYTOGENETICS (900)	10/20/1994
ENDOCRINOLOGY (330)	10/20/1994		
TOXICOLOGY (340)	10/20/1994		
HEMATOLOGY (400)	10/20/1994		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.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.