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

LABORATORY NAME AND ADDRESS

SPECIAL DIAGNOSTIC IMMUNOLOGY LAB
HACKENSACK UNIVERSITY MEDICAL CENTER
1 PAVILION EAST ROOM 1928
HACKENSACK, NJ 07601

LABORATORY DIRECTOR

THOMAS A SELVAGGI MD

CLIA ID NUMBER
31D0882155

EFFECTIVE DATE
02/28/2013

EXPIRATION DATE
02/27/2015

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.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Judith A. Yost

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

143 Certs2_020213

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
HISTOCOMPATIBILTY (010)	06/30/2000		
GENERAL IMMUNOLOGY (220)	06/30/2000		

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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.

New York State Department of Health

PFI: 7938

Clinical Laboratory Permit

CLIA: 31D0882155

Hackensack University Medical Ctr Special Diagnostic Immunology Lab

30 Prospect Ave Rm 1928 1Pav E

Hackensack NJ 07601

Director:
Thomas A. Selvaggi, M.D.

Owner:
Hackensack University Medical Ctr

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

Cellular Immunology
Leukocyte Function
Malignant Leukocyte Immunophenotyping
Non-Malignant Leukocyte Immunophenotyping

Renewal
Effective Date: July 1, 2013
Expiration Date: June 30, 2014

Subject to Revocation
Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 69430