

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

ST CHARLES MEDICAL CENTER-BEND
2500 NE NEFF RD
BEND, OR 97701-6015

LABORATORY DIRECTOR

LAUREL B YOCOM MD

CLIA ID NUMBER

38D0628340

EFFECTIVE DATE

01/01/2012

EXPIRATION DATE

12/31/2013

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

280 certs2_120311

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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	02/05/2001	ANTIBODY TRANSFUSION (520)	02/05/2001
MYCOBACTERIOLOGY (115)	02/05/2001	ANTIBODY NON-TRANSFUSION (530)	02/05/2001
MYCOLOGY (120)	02/05/2001	ANTIBODY IDENTIFICATION (540)	02/05/2001
PARASITOLOGY (130)	10/24/2002	COMPATIBILITY TESTING (550)	02/05/2001
VIROLOGY (140)	09/15/2006	HISTOPATHOLOGY (610)	09/15/2006
SYPHILIS SEROLOGY (210)	09/19/2008		
GENERAL IMMUNOLOGY (220)	02/05/2001		
ROUTINE CHEMISTRY (310)	02/05/2001		
URINALYSIS (320)	02/05/2001		
ENDOCRINOLOGY (330)	02/05/2001		
TOXICOLOGY (340)	02/05/2001		
HEMATOLOGY (400)	02/05/2001		
ABO & RH GROUP (510)	02/05/2001		

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.

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

LABORATORY NAME AND ADDRESS

ST CHARLES MEDICAL CENTER-REDMOND
1253 N CANAL BLVD
REDMOND, OR 97756

CLIA ID NUMBER
38D0628433

EFFECTIVE DATE
01/01/2012

LABORATORY DIRECTOR

BRADLEY B BRYAN MD

EXPIRATION DATE
12/31/2013

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BACTERIOLOGY (110)	02/26/2001		
MYCOLOGY (120)	09/19/2008		
PARASITOLOGY (130)	09/19/2008		
GENERAL IMMUNOLOGY (220)	02/26/2001		
ROUTINE CHEMISTRY (310)	02/26/2001		
URINALYSIS (320)	02/26/2001		
ENDOCRINOLOGY (330)	02/26/2001		
TOXICOLOGY (340)	02/26/2001		
HEMATOLOGY (400)	02/26/2001		
HISTOPATHOLOGY (610)	09/19/2006		

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