

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
HAWAII DEPT OF HEALTH
STATE LABS DIVISION
2725 WAIMANO HOME RD
PEARL CITY, HI 96782-1401

CLIA ID NUMBER

12D0646259

EFFECTIVE DATE

12/15/2013

LABORATORY DIRECTOR

A CHRISTIAN WHELEN,PHD

EXPIRATION DATE

12/14/2015

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.



A handwritten signature in cursive script that reads "Judith A. Yost".

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