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

LABORATORY NAME AND ADDRESS KANSAS PATHOLOGY SERVICES, LLC 2501 E 13TH STREET BLDG 2 SUITE 4 HAYS, KS 67601-3650 17D0681749

EFFECTIVE DATE

06/24/2016

EXPIRATION DATE

06/23/2018

LABORATORY DIRECTOR

WARD NEWCOMB, MD DIRECTOR

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.



Karen W. Dyer, Acting Director Division of Laboratory Services Survey and Certification Group Center for Clinical Standards and Quality

164 Certs2_070516

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

 ROUTINE CHEMISTRY (310)
 02/24/2012

 URINALYSIS (320)
 06/24/1994

 ENDOCRINOLOGY (330)
 06/24/1994

 HEMATOLOGY (400)
 06/24/1994

 HISTOPATHOLOGY (610)
 05/09/2014

LAB CERTIFICATION (CODE)

EFFECTIVE DATE



CLIA ID Number: 17D0681749
KANSAS PATHOLOGY SERVICES, LLC
2501 E 13TH STREET BLDG 2 SUITE 4
HAYS, KS 67601-3650

STATE AGENCY ADDRESS AND PHONE NUMBER:

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT CLIA LABORATORY CERTIFICATION 6810 SE DWIGHT STREET TOPEKA, KS 66620-0001 (785)296-0096

LABORATORY MAILING ADDRESS: