CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

24 HOUR ONSITE RESULTS 21750 MAIN ST - UNIT 11 MATTESON, IL 60443

CLIA ID NUMBER

14D2287571

EFFECTIVE DATE

08/15/2023

LABORATORY DIRECTOR

ELJUANDA JONES-GRAHAM

EXPIRATION DATE

08/14/2025

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 section 353 of the Fubilic Fleatint Services Act (42 0.33.c., 203a) as revised by the Chinical Laboratory Improvement Amendments 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.

Gregg Brandush, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.