

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

**LABORATORY NAME AND ADDRESS**  
INDIANA STATE DEPARTMENT OF HEALTH LAB  
550 W 16TH ST  
INDIANAPOLIS, IN 46202

**CLIA ID NUMBER**  
15D0662599

**EFFECTIVE DATE**  
01/22/2023

**LABORATORY DIRECTOR**  
LIXIA LIU Ph.D.

**EXPIRATION DATE**  
01/21/2025

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 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.



*Monique Spruill*  
Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

166 Certs2\_032123

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>
BACTERIOLOGY (110)	01/22/1993
MYCOBACTERIOLOGY (115)	01/22/1993
MYCOLOGY (120)	01/22/1993
PARASITOLOGY (130)	01/22/2021
VIROLOGY (140)	01/22/1993
SYPHILIS SEROLOGY (210)	01/22/1993
GENERAL IMMUNOLOGY (220)	01/22/1993
TOXICOLOGY (340)	01/22/1995

LAB CERTIFICATION (CODE)      EFFECTIVE DATE



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.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 COMPLIANCE

CLIA ID NUMBER  
 15D0662599

LABORATORY NAME AND ADDRESS  
 INDIANA STATE DEPARTMENT OF HEALTH LAB  
 850 W 16TH ST  
 INDIANAPOLIS, IN 46202

EFFECTIVE DATE

01/23/2023

EXPIRATION DATE

01/23/2025

LABORATORY DIRECTOR

LIXIA LIU Ph.D.

This certificate shall be valid until the expiration date shown, but is subject to revocation, suspension, limitation, or other sanctions for violation of the CLIA or other regulations pertaining to clinical laboratories. For the purpose of performing laboratory examinations or procedures, the above named laboratory located at the address shown below (and other approved locations) may accept human specimens pursuant to section 352 of the Public Health Service Act (42 U.S.C. 262) as defined by the Clinical Laboratory Improvement Amendments (CLIA).

**CLIA ID Number: 15D0662599**  
**INDIANA STATE DEPARTMENT OF HEALTH LAB**  
**550 W 16TH ST**  
**INDIANAPOLIS, IN 46202**



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If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialists/technicians you are certified to perform

**STATE AGENCY ADDRESS AND PHONE NUMBER:**

INDIANA STATE DEPARTMENT OF HEALTH  
 DIVISION OF ACUTE CARE SERVICES  
 2 NORTH MERIDIAN ST RM 4A  
 INDIANAPOLIS, IN 46204  
 (317)233-7502

LAB CERTIFICATION (CODE) EFFECTIVE DATE

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
TOXICOLOGY (340)	01/23/2023
GENERAL IMMUNOLOGY (250)	01/23/2023
SYPHILIS SEROLOGY (210)	01/23/2023
VIROLOGY (140)	01/23/2023
PARASITOLOGY (130)	01/23/2021
MYCOLOGY (120)	01/23/2023
MYCOBACTERIOLOGY (115)	01/23/2023
BACTERIOLOGY (110)	01/23/2023

**LABORATORY MAILING ADDRESS:**

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE. YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. OF CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR FOR MORE INFORMATION ABOUT CLIA. VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA