

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

LABORATORY NAME AND ADDRESS
DEVELOPMENTAL AND NEUROGENETICS LABORA
8701 WATERTOWN PLANK RD
MILWAUKEE, WI 53226

CLIA ID NUMBER
52D1043369

EFFECTIVE DATE
12/12/2017

LABORATORY DIRECTOR
ULRIKE P KAPPES MD, PHD, MPH,

EXPIRATION DATE
12/11/2019

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

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

207 certs2_111417

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> |
|---------------------------------|-----------------------|---------------------------------|-----------------------|
| CYTOGENETICS (900) | 12/12/2005 | | |

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT 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.

CLIA ID Number: 52D1043369

**DEVELOPMENTAL AND NEUROGENETICS LABORA
BROECKEL LAB, ATTN LABORATORY MANAGER
8701 WATERTOWN PLANK RD, TBRC/CRI C2388
MILWAUKEE, WI 53226**

STATE AGENCY ADDRESS AND PHONE NUMBER:

**DEPARTMENT OF HEALTH SERVICES
DIVISION OF QUALITY ASSURANCE CLINICAL LAB SECTI
1 W WILSON ST ROOM 455
PO BOX 2969
MADISON, WI 53701-2969
(608)261-0654**

LABORATORY MAILING ADDRESS: