

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

LABORATORY NAME AND ADDRESS  
CLINICAL IMMUNODIAGNOSTIC AND RESEARCH  
MEDICAL COLLEGE OF WISCONSIN  
8701 W WATERTOWN PLANK RD MFRC RM 5072  
MILWAUKEE, WI 53226

CLIA ID NUMBER  
52D0665375

EFFECTIVE DATE  
02/26/2019

LABORATORY DIRECTOR  
JAMES W VERBSKY M.D.

EXPIRATION DATE  
02/25/2021

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

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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>
GENERAL IMMUNOLOGY (220)	02/26/1993		

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.



**CLIA ID Number: 52D0665375**  
CLINICAL IMMUNODIAGNOSTIC AND RESEARCH  
MEDICAL COLLEGE OF WISCONSIN  
ATTN CIRL  
8701 WATERTOWN PLANK RD MFRC RM 5072  
MILWAUKEE, WI 53226

**STATE AGENCY ADDRESS AND PHONE NUMBER:**

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

**LABORATORY MAILING ADDRESS:**