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 52D1043369

EFFECTIVE DATE

12/12/2015

EXPIRATION DATE

12/11/2017

LABORATORY DIRECTOR

ULRIKE P KAPPES Ph.D.

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

200 Certs2_111715

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)
CYTOGENETICS (900)

EFFECTIVE DATE 12/12/2005 LAB CERTIFICATION (CODE)

EFFECTIVE DATE

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: