

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS  
DEVELOPMENTAL AND NEUROGENETICS LABORA  
TBRC/CRI ROOM C2373  
8701 WATERTOWN PLANK RD  
MILWAUKEE, WI 53226

CLIA ID NUMBER

52D1043369

EFFECTIVE DATE

12/12/2013

LABORATORY DIRECTOR

DAVID P BICK M.D.

EXPIRATION DATE

12/11/2015

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.



*Judith A. Yost*

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations

221 Certs2\_111213

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.HHS.GOV/CLIA](http://WWW.CMS.HHS.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  
TBRC/CRI ROOM C2373  
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 1151  
MADISON, WI 53701-2969  
(608)264-9887

**LABORATORY MAILING ADDRESS:**