

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

LABORATORY NAME AND ADDRESS  
NORTHWESTERN MED CONVENIENT CARE STRAT  
235 S GARY AVE  
BLOOMINGDALE, IL 60108

CLIA ID NUMBER  
14D0689732

EFFECTIVE DATE  
04/30/2018

LABORATORY DIRECTOR  
STEPHANIE M SITTERDING M.D.

EXPIRATION DATE  
04/29/2020

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

227 Certs2\_040318

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>
PARASITOLOGY (130)	09/28/2009
GENERAL IMMUNOLOGY (220)	10/20/2010
ROUTINE CHEMISTRY (310)	11/18/1996
URINALYSIS (320)	11/18/1996
ENDOCRINOLOGY (330)	01/22/1999
HEMATOLOGY (400)	11/18/1996

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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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: 14D0689732  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AND MODERNIZATION ACT

CLIA ID NUMBER  
14D0689732

EXPIRY DATE  
04-12-2016

EXPIRY DATE  
04-12-2016

EXPIRY DATE  
04-12-2016

EXPIRY DATE  
04-12-2016

For the purpose of this regulation, a laboratory is defined as any facility that performs laboratory testing on human specimens for the diagnosis, prognosis, or treatment of a disease or condition. This regulation applies to all laboratories that perform such testing, regardless of whether the testing is performed for the patient or for the laboratory's own use.

**CLIA ID Number: 14D0689732**  
**NORTHWESTERN MED CONVENIENT CARE STRAT**  
**235 S GARY AVE**  
**BLOOMINGDALE, IL 60108**



**STATE AGENCY ADDRESS AND PHONE NUMBER:**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIV OF HEALTH CARE FACILITIES & PROGRAMS  
525 W JEFFERSON ST/FOURTH FLR  
SPRINGFIELD, IL 62761  
(217)782-6747

LABORATORY CODES  
EXPIRY DATE

**LABORATORY MAILING ADDRESS:**

FOR MORE INFORMATION ABOUT CLIA VISIT OUR WEBSITE AT WWW.CLSA.GOV  
PLEASE CONTACT YOUR STATE AGENCY FOR CLIA ID NUMBER AND PHONE NUMBER