

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.



- If this is a **Certificate of Registration**, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a **Certificate for Provider-Performed Microscopy Procedures**, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a **Certificate of Waiver**, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

6559, Cert#1 080624

Gregg Brandtush, Director  
Division of Clinical Laboratory Improvement & Quality  
Center for Clinical Standards and Quality

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 herein (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.

**CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES**  
**CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

LABORATORY NAME AND ADDRESS	AKRON CHILDREN'S HOSPITAL PATH AND LAB MED AT AKRON ONE PERKINS SQUARE AKRON, OH 44308-1063
LABORATORY DIRECTOR	JENNIFER BACCON M.D.
EXPIRATION DATE	08/31/2026
EFFECTIVE DATE	09/01/2024
CLIA ID NUMBER	36D0656120

