CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

METHODIST WOMEN'S HOSPITAL 707 NORTH 190TH PLAZA, SUITE 1993 **OMAHA, NE 68022**

CLIA ID NUMBER

28D2080754

EFFECTIVE DATE

07/14/2024

EXPIRATION DATE

07/13/2026

LABORATORY DIRECTOR

DR. SHANE K. KOHL

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 section 353 of the Fubilic Fleatint Services Act (42 0.33.c., 203a) as revised by the Chinical Laboratory Improvement Amendments 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.



Gregg Brandush, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

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.