

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

LABORATORY NAME AND ADDRESS
DERMATOLOGY CLINIC
5249 EAST TERRACE DR
MADISON, WI 53718-9953

CLIA ID NUMBER
52D0717181

EFFECTIVE DATE
09/14/2020

LABORATORY DIRECTOR
ANDREW M SWANSON M.D.

EXPIRATION DATE
09/13/2022

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, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

160 Certs2_081820

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>
MYCOLOGY (120)	01/18/2002		
PARASITOLOGY (130)	01/16/2004		
VIROLOGY (140)	01/13/2006		
HISTOPATHOLOGY (610)	01/16/2004		

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: 52D0717181
DERMATOLOGY CLINIC
5249 EAST TERRACE DR
MADISON, WI 53718-9953

STATE AGENCY ADDRESS AND PHONE NUMBER:

DEPARTMENT OF HEALTH SERVICES
DIVISION OF QUALITY ASSURANCE CLINICAL LAB SECTI
1 W WILSON ST
PO BOX 2969
MADISON, WI 53701-2969
(608)261-0654

LABORATORY MAILING ADDRESS: