

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

LABORATORY NAME AND ADDRESS
LITHOLINK CORPORATION
150 SPRING LAKE DR - STE A
ITASCA, IL 60143

CLIA ID NUMBER
14D0897314

EFFECTIVE DATE
12/21/2020

LABORATORY DIRECTOR
JOHN R ASPLIN M D

EXPIRATION DATE
12/20/2022

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 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.



Monique Spruill
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

236 Certs2_030221

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>
ROUTINE CHEMISTRY (310)	12/21/1996
URINALYSIS (320)	05/13/2010

<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
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.

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CENTERS FOR MEDICAL LABORATORY SERVICES

LABORATORY NAME AND ADDRESS
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14D0897314

EFFECTIVE DATE
12/15/10

EXPIRATION DATE
12/15/12

This certificate is valid for the laboratory to perform the tests listed on the reverse side of this certificate. The laboratory is required to maintain a copy of this certificate in its files. The laboratory is required to notify the state agency of any changes to the information provided on this certificate. The laboratory is required to notify the state agency of any changes to the information provided on this certificate.

CLIA ID Number: 14D0897314
LITHOLINK CORPORATION
150 SPRING LAKE DR - STE A
ITASCA, IL 60143



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 MAILING ADDRESS:

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