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

LABORATORY NAME AND ADDRESS SANFORD MEDICAL CENTER 1305 WEST 18TH STREET SIOUX FALLS, SD 57105-5039

CLIA ID NUMBER 43D0407227

EFFECTIVE DATE

02/09/2023

EXPIRATION DATE

02/08/2025

LABORATORY DIRECTOR

KIMBERLEE C BOHY M.D.

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.



Monique Spruill, Director Division of Clinical Laboratory Improvement & Quality Quality & Safety Oversight Group

Center for Clinical Standards and Quality

Certs2 030723

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:

LAB CERTIFICATION (CODE) **EFFECTIVE DATE**

BACTERIOLOGY (110)	07/24/1995
MYCOLOGY (120)	08/10/2020
PARASITOLOGY (130)	07/24/1995
VIROLOGY (140)	07/24/1995
SYPHILIS SEROLOGY (210)	08/08/2014
GENERAL IMMUNOLOGY (220)	07/24/1995
ROUTINE CHEMISTRY (310)	07/24/1995
URINALYSIS (320)	07/24/1995
ENDOCRINOLOGY (330)	07/24/1995
TOXICOLOGY (340)	08/20/1996
HEMATOLOGY (400)	07/24/1995
ABO & RH GROUP (510)	07/24/1995
ANTIBODY TRANSFUSION (520)	07/24/1995

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

ANTIBODY NON-TRANSFUSION (530) 07/24/1995 ANTIBODY IDENTIFICATION (540) 07/24/1995 COMPATIBILITY TESTING (550) 07/24/1995 HISTOPATHOLOGY (610) 07/24/1995



CLIA ID Number: 43D0407227
SANFORD MEDICAL CENTER
LABORATORY ATTEN TARYN SMITH
1305 W 18TH STREET
SIOUX FALLS, SD 57117

STATE AGENCY ADDRESS AND PHONE NUMBER:

SD DEPT OF HEALTH
OFFICE OF HEALTH CARE FACILITIES LICENSURE & CER
600 E CAPITOL
PIERRE, SD 57501
(605)394-6173

LABORATORY MAILING ADDRESS: