CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
ANTIVIRAL PHARMACOLOGY LABORATORY
UNIVERSITY OF NEBRASKA MEDICAL CENTER - PDD 3008
4040 EMILE STREET
OMAHA, NE 68198-6045

CLIA ID NUMBER 06D1003719

EFFECTIVE DATE

02/25/2019

EXPIRATION DATE

02/24/2021

LABORATORY DIRECTOR

COURTNEY V FLETCHER PHARM.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.



Karen W. Dyer, Acting Director Division of Laboratory Services Survey and Certification Group

Center for Clinical Standards and Quality

941 certs2_012919

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)
TOXICOLOGY (340)

EFFECTIVE DATE 02/25/2003 LAB CERTIFICATION (CODE)

EFFECTIVE DATE





CLIA ID Number: 06D1003719

ANTIVIRAL PHARMACOLOGY LABORATORY
COURTNEY V FLETCHER, COLLEGE OF PHARMACY
986120 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198-6120

STATE AGENCY ADDRESS AND PHONE NUMBER:

NE STATE HEALTH & HUMAN SERVICES LICENSURE UNIT DIV OF PUBLIC HEALTH PO BOX 94986 LINCOLN, NE 68509-4986 (402)471-3484

LABORATORY MAILING ADDRESS: