

aa BB Accreditation

Providence Alaska Medical Center

*having been assessed by AABB, has been found to meet
the requirements of applicable Standards of this organization and therefore is granted this*

CERTIFICATE OF ACCREDITATION

for the following activities:

Transfusion Activities

*In Witness whereof the undersigned, being duly authorized, have caused this Certificate
to be issued and the AABB Corporate Seal to be affixed.*

Effective Dates

July 01, 2019 – June 30, 2021

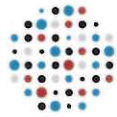


A handwritten signature in black ink, appearing to read "D. L. Murphy".

President, AABB

A handwritten signature in black ink, appearing to read "Dannell J. Tompkins MD".

Chair, Accreditation Program Committee



COLLEGE of AMERICAN
PATHOLOGISTS



The College of American Pathologists
certifies that the laboratory named below

**Providence Alaska Medical Center
Laboratory
Anchorage, Alaska
Megan C. Davies, DO**

CAP Number: 2489501
AU-ID: 1188812
CLIA Number: 02D0674836

has met all applicable standards for accreditation and is hereby accredited by the
College of American Pathologists' Laboratory Accreditation Program. Reinspection
should occur prior to June 2, 2021 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership,
or location and assumes that all interim requirements are met.

Chair, Accreditation Committee

President, College of American Pathologists

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

LABORATORY NAME AND ADDRESS
 PROVIDENCE ALASKA MEDICAL CTR LAB
 3200 PROVIDENCE DRIVE
 ANCHORAGE, AK 99508-4615

CLIA ID NUMBER
 02D0674836

EFFECTIVE DATE
 02/28/2019

LABORATORY DIRECTOR
 MEGAN C DAVIES D.O.

EXPIRATION DATE
 02/27/2021

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
 Karen W. Dyer, Acting Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Clinical Standards and Quality

1341 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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	08/09/1995	ANTIBODY NON-TRANSFUSION (530)	08/09/1995
MYCOBACTERIOLOGY (115)	11/29/2018	ANTIBODY IDENTIFICATION (540)	08/09/1995
MYCOLOGY (120)	08/09/1995	COMPATIBILITY TESTING (550)	08/09/1995
PARASITOLOGY (130)	08/09/1995	HISTOPATHOLOGY (610)	08/09/1995
VIROLOGY (140)	08/09/1995	ORAL PATHOLOGY (620)	11/17/1997
GENERAL IMMUNOLOGY (220)	08/09/1995	CYTOLOGY (630)	08/09/1995
ROUTINE CHEMISTRY (310)	08/09/1995		
URINALYSIS (320)	08/09/1995		
ENDOCRINOLOGY (330)	08/09/1995		
TOXICOLOGY (340)	08/09/1995		
HEMATOLOGY (400)	08/09/1995		
ABO & RH GROUP (510)	08/09/1995		
ANTIBODY TRANSFUSION (520)	08/09/1995		

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.