

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

**LABORATORY NAME AND ADDRESS**  
SANFORD SOUTH UNIVERSITY  
1720 S UNIVERSITY DR  
FARGO, ND 58103

**CLIA ID NUMBER**  
35D0857637

**EFFECTIVE DATE**  
08/21/2018

**LABORATORY DIRECTOR**  
YONGSHENG REN M.D.

**EXPIRATION DATE**  
08/20/2020

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

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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>
BACTERIOLOGY (110)	04/05/2002
MYCOBACTERIOLOGY (115)	01/05/2013
MYCOLOGY (120)	12/07/2004
PARASITOLOGY (130)	04/05/2002
VIROLOGY (140)	12/07/2004
GENERAL IMMUNOLOGY (220)	04/05/2002
ROUTINE CHEMISTRY (310)	04/05/2002
URINALYSIS (320)	04/05/2002
ENDOCRINOLOGY (330)	04/05/2002
HEMATOLOGY (400)	04/05/2002
HISTOPATHOLOGY (610)	04/05/2002
CYTOLOGY (630)	02/26/2004
CYTOGENETICS (900)	05/23/2012

LAB CERTIFICATION (CODE)      EFFECTIVE DATE

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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.