

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

LABORATORY NAME AND ADDRESS

NEVADA DONOR NETWORK BONE MARROW TESTI
2061 E SAHARA AVE
LAS VEGAS, NV 89104

CLIA ID NUMBER

29D2174970

EFFECTIVE DATE

09/01/2021

EXPIRATION DATE

08/31/2023

LABORATORY DIRECTOR

PHILLIP RUIZ 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

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

263 Certs2_101221

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)
HISTOCOMPATIBILITY (010)

EFFECTIVE DATE
09/01/2021

LAB CERTIFICATION (CODE)

EFFECTIVE DATE



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.

CLIA ID Number: 29D2174970

NEVADA DONOR NETWORK BONE MARROW TESTI
2055 E SAHARA AVE
LAS VEGAS, NV 89104

STATE AGENCY ADDRESS AND PHONE NUMBER:

NEVADA STATE HEALTH DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
727 FAIRVIEW DR SUITE E
CARSON CITY, NV 89706
(775)684-1060

LABORATORY MAILING ADDRESS: