

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

LABORATORY NAME AND ADDRESS
INOVA HEALTHCARE SERVICES DBA INOVA LA
2832 JUNIPER STREET
FAIRFAX, VA 22031

CLIA ID NUMBER
49D1098734

EFFECTIVE DATE
06/16/2024

LABORATORY DIRECTOR

EXPIRATION DATE
06/15/2026

MYONG H NAM 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

35 Certs2_060424

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)	06/16/2010
MYCOBACTERIOLOGY (115)	06/16/2010
MYCOLOGY (120)	06/16/2010
PARASITOLOGY (130)	06/16/2010
VIROLOGY (140)	04/25/2016
SYPHILIS SEROLOGY (210)	06/16/2010
GENERAL IMMUNOLOGY (220)	06/16/2010
ROUTINE CHEMISTRY (310)	06/16/2010
URINALYSIS (320)	06/16/2010
ENDOCRINOLOGY (330)	06/16/2010
TOXICOLOGY (340)	06/16/2010
HEMATOLOGY (400)	06/16/2010
HISTOPATHOLOGY (610)	10/08/2010

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.**

CENTERS FOR MEDICARE & MEDICAID SERVICES
TECHNICAL LABORATORY IMPROVEMENT AND CERTIFICATION
DEPARTMENT OF HEALTH & HUMAN SERVICES

LABORATORY NAME AND ADDRESS:
INOVA HEALTHCARE SERVICES DBA INOVA LA
2832 JUNIPER STREET
FAIRFAX, VA 22031

CLIA ID NUMBER:
49D1098734

LABORATORY DIRECTOR:
[Name]

LABORATORY TYPE:
[Type]

CLIA ID Number: 49D1098734
INOVA HEALTHCARE SERVICES DBA INOVA LA
2832 JUNIPER STREET
FAIRFAX, VA 22031



STATE AGENCY ADDRESS AND PHONE NUMBER:
VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF LICENSURE AND CERTIFICATION
9960 MAYLAND DR SUITE 401
RICHMOND, VA 23233
(804)367-2107

LABORATORY MAILING ADDRESS:

FOR MORE INFORMATION, VISIT CLIA.HTP OR VISIT WWW.CMS.GOV
CONTACT YOUR STATE AGENCY PLEASE SEE THE LIST FOR
YOUR STATE AGENCY ADDRESS AND TELEPHONE NUMBER
PLEASE CONTACT US WITH ANY COMMENTS OR QUESTIONS FOR THE