

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS  
NORTHWESTERN MED CONVENIENT CARE STRAT  
235 S GARY AVE  
BLOOMINGDALE, IL 60108

CLIA ID NUMBER  
14D0689732

LABORATORY DIRECTOR

STEPHANIE SITTERDING DIRECT

EFFECTIVE DATE  
04/30/2016

EXPIRATION DATE

04/29/2018

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>
PARASITOLOGY (130)	09/28/2009
GENERAL IMMUNOLOGY (220)	10/20/2010
ROUTINE CHEMISTRY (310)	11/18/1996
URINALYSIS (320)	11/18/1996
ENDOCRINOLOGY (330)	01/22/1999
HEMATOLOGY (400)	11/18/1996

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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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.

**CLIA ID Number: 14D0689732**  
NORTHWESTERN MED CONVENIENT CARE STRAT  
235 S GARY AVE  
BLOOMINGDALE, IL 60108

**STATE AGENCY ADDRESS AND PHONE NUMBER:**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIV OF HEALTH CARE FACILITIES & PROGRAMS  
525 W JEFFERSON ST/FOURTH FLR  
SPRINGFIELD, IL 62761  
(217)782-6747

**LABORATORY MAILING ADDRESS:**