

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

LABORATORY NAME AND ADDRESS  
NEUROMUSCULAR CLINICAL LAB  
509 SOUTH EUCLID  
SAINT LOUIS, MO 63110

CLIA ID NUMBER  
26D0652044

EFFECTIVE DATE  
08/25/2009

LABORATORY DIRECTOR  
ALAN PESTRONK

EXPIRATION DATE  
08/24/2011

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.



*Judith A. Yost*

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations

189 cert52\_080109

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>
HISTOPATHOLOGY (610)	11/18/1997		



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



*Advancing Excellence*

**Accredited  
Laboratory**



## The College of American Pathologists

*certifies that the laboratory named below*

***Washington University  
Neuromuscular Clinical Lab  
Saint Louis, Missouri  
Alan Pestronk, MD***

LAP Number: 1923316  
AU-ID: 1184628  
CLIA Number: 26D0652044

*has met all applicable standards for accreditation and  
is hereby fully accredited by the College of American Pathologists'  
Laboratory Accreditation Program. Reinspection should occur prior  
to October 2, 2011 to maintain accreditation.*

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

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

# New York State Department of Health

PFI: 3499

## Clinical Laboratory Permit

CLIA: 26D0652044

Neuromuscular Clinical Laboratory IWJ Building Rm 404

509 S Euclid Ave Box 8111

St Louis MO 63110

Director: Alan Pestronk, M.D.

Owner: Washington University School of Medicine

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

*Diagnostic Immunology  
Diagnostic Services Serology*

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

### Renewal

Effective Date: July 1, 2011

Expiration Date: June 30, 2012

Subject to Revocation

Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 55024