



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, 2013 to maintain accreditation.*

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

Frank R Rudy

Chair, Commission on Laboratory Accreditation

Stephen H Baum MD FCAP

President, College of American Pathologists

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

08/25/2011

LABORATORY DIRECTOR

ALAN PESTRONK

EXPIRATION DATE

08/24/2013

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

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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>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
GENERAL IMMUNOLOGY (220)	12/02/2009		
HISTOPATHOLOGY (610)	11/18/1997		



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT 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.

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, 2013

Expiration Date: June 30, 2014

Subject to Revocation

Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 69138