

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

LABORATORY NAME AND ADDRESS
LEGACY LABORATORY SERVICES GOOD SAMARI
1015 N W 22ND AVENUE
PORTLAND, OR 97210-3025

CLIA ID NUMBER
38D0726173

EFFECTIVE DATE

01/01/2022

EXPIRATION DATE

12/31/2023

LABORATORY DIRECTOR

BRIAN WERSTEIN 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

351 Certs2_030723

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> |
|---------------------------------|-----------------------|---------------------------------|-----------------------|
| BACTERIOLOGY (110) | 01/01/2000 | COMPATIBILITY TESTING (550) | 01/01/2000 |
| PARASITOLOGY (130) | 05/14/2008 | HISTOPATHOLOGY (610) | 01/01/2000 |
| VIROLOGY (140) | 11/19/2015 | ORAL PATHOLOGY (620) | 01/01/2000 |
| GENERAL IMMUNOLOGY (220) | 01/01/2000 | CYTOLOGY (630) | 06/12/2000 |
| ROUTINE CHEMISTRY (310) | 01/01/2000 | | |
| URINALYSIS (320) | 01/01/2000 | | |
| ENDOCRINOLOGY (330) | 01/01/2000 | | |
| TOXICOLOGY (340) | 03/29/2003 | | |
| HEMATOLOGY (400) | 01/01/2000 | | |
| ABO & RH GROUP (510) | 01/01/2000 | | |
| ANTIBODY TRANSFUSION (520) | 01/01/2000 | | |
| ANTIBODY NON-TRANSFUSION (530) | 01/01/2000 | | |
| ANTIBODY IDENTIFICATION (540) | 01/01/2000 | | |

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: 38D0726173

LEGACY LABORATORY SERVICES GOOD SAMARI
LEGACY LAB ADMIN ATTN TAMARA SMITH
1225 SE 2ND AVE BLDG B 2ND FLOOR
PORTLAND, OR 97232-2002

STATE AGENCY ADDRESS AND PHONE NUMBER:

OREGON STATE PUBLIC HEALTH LAB (OSPHL)

7202 NE EVERGREEN PARKWAY, SUITE 100
HILLSBORO, OR 97124
(503)693-4125

LABORATORY MAILING ADDRESS: