

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

DR KATHERINE A KELLEY
STATE PUBLIC HEALTH LABORATORY
395 WEST ST
ROCKY HILL, CT 06067

CLIA ID NUMBER

07D0861026

EFFECTIVE DATE

07/01/2024

LABORATORY DIRECTOR

JAFAR H RAZEQ PHD DIRECTOR

EXPIRATION DATE

06/30/2026

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.




Gregg Brandush, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

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- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



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.

CLINICAL LABORATORY OF IMPROVEMENT AMENDMENT

CLIA ID NUMBER

LABORATORY NAME AND ADDRESS

CLIA ID NUMBER

DR KATHERINE A KELLEY

EXPIRY DATE

STATE PUBLIC HEALTH LABORATORY

EXPIRY DATE

395 WEST ST

EXPIRY DATE

ROCKY HILL, CT 06067

EXPIRY DATE

LABORATORY DIRECTOR

Information on this form is for informational purposes only. It is not intended to be used as a substitute for the laboratory's accreditation process. The laboratory is responsible for maintaining its accreditation status. The laboratory must comply with all applicable regulatory requirements. The laboratory must maintain a current accreditation certificate. The laboratory must maintain a current accreditation certificate. The laboratory must maintain a current accreditation certificate.

CLIA ID Number: 07D0861026
DR KATHERINE A KELLEY
STATE PUBLIC HEALTH LABORATORY
395 WEST ST
ROCKY HILL, CT 06067



STATE AGENCY ADDRESS AND PHONE NUMBER:

CLIA LAB PROGRAM/DEPT OF PUBLIC HEALTH

410 CAPITOL AVENUE, MS#12-FLIS
PO BOX 340308
HARTFORD, CT 06134-0308
(860)509-7400

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR AN EXPLANATION OF YOUR CURRENT CERTIFICATE. FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR STATE AGENCY. PLEASE SEE THE REVERSE FOR THE STATE AGENCY'S ADDRESS AND PHONE NUMBER.