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

LABORATORY NAME AND ADDRESS
SOUTHERN REGIONAL AHEC FAMILY PRACTICE
1601 OWEN DRIVE
FAYETTEVILLE, NC 28304

LABORATORY DIRECTOR
ASHLEY POSEY MT (ASCP)

CLIA ID NUMBER
34D0244939

EFFECTIVE DATE
03/08/2019

EXPIRATION DATE
03/07/2021

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, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

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 dates:

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